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ABSTRACT

A project was designed to improve communication between health professionals and patients with low literacy levels. A survey was sent to over 600 health professionals to identify their awareness of undereducated adults, determine priorities in patient communication, and collect a sample of current educational materials; 132 surveys were returned. A survey distributed to adults investigated opinions of relationships with health care providers, use and understanding of medicines; and adults' responsibility for getting answers about health-related questions. These adults were students in adult basic education, General Educational Development programs, English-as-a-Second-Language, and continuing education classes or were participants in community agencies and civic organizations; 546 returned surveys. Health professionals also provided over 200 pieces of information that were distributed to patients. These materials were divided into five categories to demonstrate effective and ineffective written communication. A continuing education workshop was conducted for health professionals. Student materials developed included an introduction for teachers/tutors on "teaching patienthood," an instructional guide, and six worksheets. (The nine-page report is followed by these appendixes: instruments and correspondence; samples of brochures; workshop publicity materials; workshop handouts and evaluation; student materials; community awareness publicity materials; and 11 references.) (YLB)

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FINAL REPORT

LITERACY AND HEALTH EDUCATION

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3700 South Center Street, Box 536
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November, 1990

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Introduction

Communication plays an important role in disease prevention and health promotion. This project was designed with the goal of improving communication between health professionals and the literacy impaired patient. The assumption in writing the project was that illiteracy was an easy condition for health professionals to overlook and poor readers do not readily admit that they can't read. Most patient education materials, instructions and dosage labels, are written at the 9th grade reading level and above. These materials would be difficult for the estimated 47,000 Iowa adults reading below the 6th grade level to use and understand. It was assumed that communication problems are at the core of failed health care.

Two target populations were served by this project--health professionals/care givers and the recipients of health care services, particularly undereducated adults.

Goals and Objectives

Goal 1: Conduct surveys of health professionals and adults to:
- a. identify health professionals knowledge of the undereducated adult.
- b. determine current perceptions about communication in the health care setting.
- c. assess the reading levels of samples of current educational materials.

Goal 2: Provide a workshop for health professionals/care givers involved in patient education in order to:
- a. educate health professionals about undereducated adults.
- b. teach health professionals how to use readability formulas.
- c. provide instruction in choosing and evaluating currently used patient education materials.
- d. provide training in rewriting and developing more effective materials.
- e. offer techniques to generally improve patient/professional communication.

Goal 3: Provide instructional materials for teachers and tutors to use with underducated adults.
- a. develop materials to teach undereducated adults to effectively communicate with health professionals.
- b. provide instructional guide for tutors/teachers on using the student materials.

Goal 4: Develop a plan for increasing community awareness of the importance of effective communication.

Procedures

1. Advisory committee

An advisory committee was formed to advise the project coordinator and review the progress of the project. Members of the advisory committee included:

Barb Hawkins, RN; Nurse Aide, Med Aide Instructor
Carol Hartwig, RN; Nurse Aide, Med Aide Instructor; School Nurse
Kay Prihoda, former medical office manager
Sue Ebert, ABE Instructor, Tutor
Bea Payne, RN, Community Nursing Service
Thonia Chua, RN
Cindy Moore, Social Worker, Marshalltown Medical & Surgical Center
Lu Schmidt, RN, Wolfe Clinic
Tom Weis, Pharmacist
Katie McInerney, VISTA Volunteer
Lynne Wilkenson, Dental Hygienist

The first meeting was held prior to the start of the project to discuss the grant proposal. Two additional meetings were held during the project. Correspondence is included in Appendix A.

2. Project Coordinator

Bette Kersey was hired as Literacy and Health Education Project Coordinator. Ms. Kersey had experience as a volunteer literacy tutor and as a writer of patient education materials for Wolfe Clinic, P.C. in Marshalltown. Duties for the project coordinator position included:

a. identify health resources and educational materials.
b. conduct a survey of health education resources.
c. compile results, categorize findings, determine needs.
d. conduct advisory committee meetings.
e. develop and present workshops for health professionals.
f. develop a curriculum for Adult Basic Education students.
g. develop and demonstrate a plan for increasing community awareness of the importance of understanding labels, instructions, and written health communication.

3. Surveys

Two surveys/questionnaires were conducted as part of the project. A survey was sent to health professionals to identify their awareness of undereducated adults, determine priorities in patient communication, and collect a sample of current educational materials.

The observations were used to plan and develop the workshop for health care professionals and the student instructional materials.

A. Health Professional Surveys

Surveys (Appendix B) were sent to 600 health care professionals. Continuing Education mailing lists were used for doctors, nurses, pharmacists, dentists, chiropractors, dental hygienists and nutritionists, etc. One hundred thirty-two (132) surveys (22%) were returned.

Physicians (23)	Nurse (52)	Pharmacist (10)
Dentist (11)	Chiropractor (6)	Support Staff (15)

Miscellaneous professionals-related field (8)
Other miscellaneous professionals (7)

Observations and some trends are listed below:

Patient/Provider

(1) Trust was listed as a priority with patients by physicians, nurses, dentists, support staff and chiropractor. Effective communication was the priority for other professionals including social workers, psychologist, dieticians, etc. Pharmacists ranked trust, effective communication, compliance as priorities.
(2) Most patient interviews take place in the examining room.
(3) All responding groups report less than 25% of patients bring a list of questions.
(4) A majority of respondents agreed that: a list of questions is helpful; they would like more patients to bring questions with them; patients who ask questions receive better care.
(5) Thirty-six percent of professionals reported that patients have admitted they couldn't read or write.
(6) Respondents indicated they use techniques to reinforce instruction including: repeating instructions, simplifying, involving family members, using pictures, calling patients back, involving other professionals, and using demonstrations.
(7) All groups responding reported that they are involved in selecting and developing written instructional materials.
(8) Forty-six percent of nurses reported selecting materials based on reading level.
(9) The responsibility for patient education is shared within a practice, although physicians, dentists, and pharmacists, claim primary responsibility for giving information to the patient. 73% of nurses reported that information came from them.

Uses of Medication

(1) How often do you state the name of the medication and explain what it is supposed to do?

Physician	78% always
Pharmacist	40% always

(2) How often do you explain frequency and duration of each prescription?

Physician	87% always
Pharmacist	40% always

(3) How often do you tell the patient what side effects to watch for?

Physician	60% always
Pharmacist	30% always

(4) How often do you tell the patient about food, beverages and other drugs to avoid while taking medication?

Physician	60% always
Pharmacist	70% always

(5) How often do you enlist the help of the patient's pharmacist with instructions in the use of a drug?

Physician 74% sometimes
One response noted he assumed this was being done.

(6) How often do you review with your patient all his/her drug therapy and office visits?

Physician	57% sometimes
Pharmacist	40% sometimes

(7) How often do you question your patients about over-the-counter medications and/or home remedies?

Physician	65% sometimes
Pharmacist	70% sometimes

The following were noted on a scale 1-5 with #1 being most important.

To what extent does a partnership between health care professional and patient enhance wellness?

Physician	43% #1
Pharmacist	60% #1
Nurses	63% #1
Dentist	36% #1
Other Health Professionals	66% #1

To what extend does communications affect health care?

Physicians	52% #1
Pharmacist	60% #1
Nurses	63% #1
Dentist	67% #1
Other Health Professionals	73% #1

B. Adult Survey

A survey (Appendix C) was distributed to adults to investigate opinions of relationships with health care providers, the use and understanding of medicines and the adults responsibility with getting answers about health related questions. The surveys were distributed to: (1) students in Adult Basic Education/GED and ESL classes; (2) students enrolled in continuing education classes distributed via continuing education coordinators and teachers, (3) community agencies and civic organizations.

546 adult surveys were returned. The following observations were made from the surveys.

(1) Adults indicated what they wanted most in their relationship with their health provider:
   a. explanations and instructions I can understand
   b. caring attitude
   c. to be treated as an equal

(2) Forty-nine percent of the respondents had pretended understanding with a health professional.

(3) Most adults do not take a list of questions during an office visit.

(4) Anxiety, denial, and embarrassment have been experienced by all adults in a health care setting.

(5) A majority of adults indicate that they read the written instructions they receive. A small number reported not receiving any written materials.

(6) Most respondents are guilty of changing their medication dosage; not taking medications as directed and sharing their medication with others.

(7) Adults surveyed indicated that they receive the most information about medicines from pharmacists first and doctors second. A majority of those surveyed use their pharmacist to "fill in the gap". There was a very positive response to the role of the pharmacist in giving directions and warnings about medications.

(8) Instructions are remembered best when they read about it or someone tells them.

C. Samples

Health professionals were provided with a return envelope and asked to send samples of written information distributed to patients. Over 200 pieces of information were returned. The project coordinator divided the materials into five categories to demonstrate effective and ineffective written communication. The items found in the five categories of samples are included in Appendix D.

The five categories are:

1. On the right track
2. Can work with hlep
3. Questionaire
4. Help!
5. Expensive confusion

4. Observations and Interviews

In order to gather additional information on communication in a health care setting the project coordinator observed in a variety of health care settings including:

Mother, Child Wellness Program,

WIC, (Women, Infants, Children Nutrition Program),

Child Wellness Program for Teens,

Mother, Child Wellness and WIC clinics in Ames and Waterloo to observe internationals and other minority groups,

Childrens' Specialty Clinics sponsored by University of Iowa Hospitals, and

Well Adult Clinic in Grinnell and Marshalltown.

The following persons were interviewed:

Dennis Mallory, DO, one man family practice,
Joseph Toriella DO, Sac & Fox Tribal Health Association,
Registered nurses, pediatric nurse practitioners, dental hygenists, dietitians and social workers,

The objective of the above activities was to observe interaction between health care professionals, interview professionals in a variety of circumstances, gather printed materials and study how the materials were used and/or distributed; evaluate acceptance of the materials.

The project coordinator attended the following workshops:

1. Iowa Association of Lifelong Learning
   a. Learning Disabilities
   b. ABE and Older Adults

2. Governor's Conference on Rural Health Care

3. Teleconference on "Successful Aging: Over Barriers to Nutrition and Health" presented by Michigan State University.

4. "Meeting Communication Needs of Health Care Professionals and Consumer" presented by the College of Pharmacy, University of Iowa.

5. "Special Needs Adolescents: Planning for Adult Health Care" sponsored by Iowa Child Health Specialty Clinics; Parent-Partnership Project, The University of Iowa.

The information and experience gained from the workshops and seminars were useful in designing our workshop, survey questionnaire and planning for the training needs of our students.

Leonard Doak, co-author of the textbook, Teaching Patients With Low Literacy Skills was interviewed by phone. The project coordinator explored the feasibilty of bringing the authors to do a workshop for this project. The cost was prohibitive, and the decision was made to design a workshop suited to our unique needs.

DISSEMINATION

The results of the project will be disseminated in the following ways:

1. Workshop for Health Professionals
   a. local
   b. statewide availability through continuing education health coordinators

2. Distribution of student instructional materials.
   a. instructor guide
   b. student worksheets

3. Community awareness activities.

1. Workshop

A continuing education workshop was conducted for health professionals on September 27, 1990. The workshop "Meeting Communication Needs of Patients With Low Literacy Skills" was attended by thirty-six health professionals. Workshop publicity is included in Appendix E.

The objectives of the workshop included:

a. Identify the prevalence, characteristics, and needs of adults with low literacy skills.
b. Share three major challenges health care professionals face in patient education.
c. Describe the principles of readability formulas and compare educational materials written at different reading levels.
d. Appreciate how difficult it is to comprehend written instructions with limited literacy skills.

The workshop offered a summary of the Literacy and Health Education project, an introduction to the problem of adult illiteracy, and a panel presentation on "The Challenges of Communication in Today's Health Care Setting". The panel was chosen to represent a variety of health professionals and included a nurse in a Home Health Department, a PhD from the University of Iowa Office of Consultation and Reserach, a Doctor of Osteopathy, a registered dietician, and a pharmacist. A letter sent to the panel presenters is included in Appendix F.

A presentation on understanding adults with low literacy skills was given by an Adult Basic Education instructor. This included a videotape of students sharing their personal experiences. A script of the video is included in Appendix G. This videotape is available on request.

The remainder of the workshop covered testing for readability, strategies for presenting patient information including:

a. adapting existing materials
b. evaluating video instruction
c. organizing information
d. reinforcing information

The workshop concluded with practice using patient education materials. Handouts for the workshop are included in Appendix H. Appendix I includes a summary of the workshop evaluation.

2. Student Materials
Appendix J contains an introduction for teachers/tutors on Teaching Patienthood. The introduction is followed by an instructional guide and 6 worksheets. The instructional packets will be printed separately and distributed to Iowa ABE coordinators. Additional copies will be available on request. The packets can be duplicated.

3. Community Awareness
The publication "Talk About Prescriptions Month" (see bibliography) includes suggestions for community awareness activities to educate the general public about communication and health care. One activity was chosen as part of the Literacy and Health Communication project. This "Brown Bag" event offered adults the opportunity to bring their medications to a central location and have them reviewed by a pharmacist. Appendix K includes a news release, poster, and table tent design for advertising the event.

Conclusions

1. Good communication can be developed through the learning and practice of specific skills and techniques.
2. Printed materials gathered confirmed that most information currently used has a high literacy demand.
3. Both health care professionals and patients need help in learning how to effectively communicate. Patients want a chance to tell their story and when encouraged, they are more apt to "open up" and provide valuable information.
4. Although both health care professionals and patients feel communication is good, lack of compliance in use of medicine, gap between what doctors and patients report in instruction for use of medicine indicate a need for better communication.
5. Patients need to be more assertive by using questions to get the information they need and quality of care they want.
6. Professionals need to be more aware of the emotional barriers to effective communication. This is true for both male and female patients.
7. There is a need to improve the quality of information, not necessarily quantity. Time is of essence in today's health care setting. Patients need and want reinforcement of oral instruction.

Appendix A

8. Patients are interested in self-help and self-management, including those with low literacy skills. 65% of respondents feel they should take a more active role in health care decisions.
9. Health care professionals need accurate and standardized educational materials to support their interaction with clients. A standardized message is valuable in sending a consistent message when third party involvement is necessary because of low literacy skills or impairment of skills due to illness or the aging process.
10. In group settings, standardized, useful printed materials can be of help to health care professionals in delivering consistent, supportive messages. Hearing the same message from more than one professional enhances adherence.
11. Patients, especially the elderly, need readable and simplified information to perform diagnostic and self-preparation procedures, as well as, home care or treatment.
12. New trends in medical education and incentives by insurance providers of malpractice coverage are forging an awareness of the need to effectively communicate.
13. The Bureau of Nutrition in the Iowa Department of Health is doing a good job in developing printed materials for clients with low literacy skills.
    The information is written and presented in a format that is acceptable to all clients.
14. Selecting appropriate and useful client education materials is an important priority for health programs according to David J. Fries, Assistant Director for the Division of Family and Community Health.

NOTE: The number of patients who admit they have literacy problems is encouraging - 36% of professionals reported that patients had admitted that they couldn't read or write.

February 3, 1989

Dear Literacy and Health Education Committee Participant:

Thank you for agreeing to participate on our literacy and health education committee. Our first meeting will be held on Thursday, February 9 from noon - 1 p.m. in the Continuing Education Center, room 608. Lunch is provided.

Through our project we hope to assist health professionals in understanding the literacy impaired patient and exploring ways to make written material more accessible to these adults.

We will plan on your attendance at the meeting unless we hear from you.

Sincerely,

Julie Thomas

Julie Thomas
Health Education Coordinator

Laura Schinnow

Laura Schinnow
Adult Basic Education Coordinator

Barbara Hawkins

Barbara Hawkins
Health Education Coordinator

February 6, 1990

MEMO

TO: Advisory Committee for Literacy & Health Project

FROM: Laura Schinnow

RE: Committee meeting

Please join us for our second committee meeting on Tuesday, February 13 from 12 noon to 1 p.m. While we have lunch we'll tell you what we've done on the project so far and ask your advice on future project activities.

Enclosed are copies of the two surveys we will be conducting in mid-February. Please look them over (complete them if you like) and bring them to the meeting.

For your information, Bette Kersey is our project coordinator.

Please call Julie or Laura, 752-4645 or 1-800-284-4823, by **Monday, February 12** to let us know if you plan to join us.

June 6, 1990

MEMO

TO: Advisory Committee for Literacy & Health Project

FROM: Laura Schinnow

RE: Committee Meeting

Our next committee meeting will be held on Tuesday, June 26 from 12 noon to 1 p.m. Please join us for lunch and we'll share the results of the professional and patient surveys we've conducted. The agenda will also include information on a community awareness project and health communication strategies for undereducated adults.

Please call Julie or Laura, 752-4645 or 1-800-284-4823 by Friday, June 22 to let us know if you will or will not be able to attend.

Appendix B

PATIENT/HEALTH CARE PROFESSIONAL

1. What are your priorities in your relationship with your patients? Please rate in order of importance. On a scale of 1-5, use #1 as most important:

   ___ Compliance

   ___ Effective communication

   ___ Trust

   ___ Comfortable environment; relaxed, non-threatening atmosphere

   ___ Partnership in medical care decisions

2. Where do you conduct your patient interviews?

   Examining room _____ Office _____

3. How often do you explain all treatment options, including the results of no treatment?

   Always _____ Sometimes _____ Seldom _____

4. How many patients bring a list of questions? 100% ___ 50%___25% or less___.

5. Are a list of questions helpful to you in treating the patient? Yes ____ No ____

6. Would you like more patients to bring questions with them? Yes___ No___

7. In your opinion, do patients who ask questions receive better care and comply with treatment? Yes ___ No ___

8. How would you rate communication between you and your patients?

   Excellent _____ Good _____ Needs improvement _____

9. Has a patient ever admitted to you that he/she doesn't read or write well? Yes ___ No ___

10. If you suspect a patient has a problem understanding instructions or information how do you address the problem?_____

    _____

    _____

PATIENT/HEALTH CARE PROFESSIONAL

11. Do you know what the average reading level is for your general adult patient population?

___ 0-4 grade Comments:

___ 5-8 grade

___ 9-12 grade

___ College level

___ Don't know

Do you select written materials based on reading level? Yes ___ No ___

Do you develop your own written materials for your adult patient population? Yes ___ No ___

12. How do you reinforce oral instruction?

Questioning _____ Written materials _____ Other _____

Audio visuals _____ Telephone follow-up _____

13. With whom, in your practice, do you share the responsibility for patient education? _____

14. Who, in your practice, gives patients most of the information they need?

_____

15. Has this person received any formal training in communication skills? Yes ___ No ___

USES OF MEDICATION

1. How often do you state the name of the medication and explain what it is supposed to do?
Always _____ Sometimes _____ Seldom _____

2. How often do you explain frequency and duration of each prescription?
Always _____ Sometimes _____ Seldom _____

3. How often do you tell the patient what side effects to watch for?
Always _____ Sometimes _____ Seldom _____

4. How often do you instruct the patient about food, beverages and other drugs to avoid while taking the medication?
Always _____ Sometimes _____ Seldom _____

USES OF MEDICATION - cont'd

5. How often do you enlist the help of the patient's pharmacist with instruction in the use of a drug?
   Always _____ Sometimes _____ Seldom _____

6. How often do you review with your patients all their drug therapy at office visits?
   Always _____ Sometimes _____ Seldom _____

7. How often do you question your patients about over-the-counter medications and/or home remedies they are taking?
   Always _____ Sometimes _____ Seldom _____

GETTING DESIRABLE RESULTS

On a scale of 1-5, with #1 being most important, please rate the following:

To what extent does a partnership between health care professional and patient enhance wellness? 1 2 3 4 5

To what extent does communication effect health care? 1 2 3 4 5

Your comments:

THANK YOU FOR TAKING TIME TO COMPLETE THIS QUESTIONNAIRE.

NOTE:

If you need a larger envelope for returning samples, simply tape the return envelope onto a larger one.

Please indicate who completed this survey.

Doctor ___ Dentist ___

Nurse ___ Dental Hygienist ___

Pharmacist ___ Other ___

Please list title _____

IOWA VALLEY
CONTINUING EDUCATION

● 3700 SOUTH CENTER STREET, P.O. BOX 536, MARSHALLTOWN, IOWA 50158 ● 515/752-4645

Dear Health Professional:

We need your help in collecting reliable data. The State Department of Education has awarded a grant to Iowa Valley Community College District to conduct a Literacy and Health Education Study.

The project is designed to enhance/increase communication between the health profession and the literacy impaired patient. Patients with limited reading abilities are often embarrassed or ashamed and usually try to hide their limitations. Consequently, illiteracy is difficult for the health professional to detect and poses problems in treating these patients.

To accomplish the tasks of our project, we need information from you (doctors, nurses, dentists, pharmacists and other health professionals) to help us determine mechanisms through which the reading impaired patient might be best assisted. We will be collecting data through a questionnaire to all health professionals; a survey of students in Adult Basic Education requiring one-on-one tutoring; and a questionnaire circulated among the general public.

We will also be examining samples of written information given to patients to determine its degree of readability and probable comprehension. Results from these surveys will be shared with all health professionals and will be of great assistance in developing our workshop, "Meeting Communication Needs of Patients With Low Literacy Skills".

Enclosed is the questionnaire that we would like to have completed by all health professionals in your organization. If we have not included sufficient copies, please feel free to duplicate it. An envelope marked "Questionnaire" is also enclosed for your convenience in returning your confidential response. You do not need to sign the questionnaire.

Also enclosed is an envelope marked "Samples". Please enclose samples of written information that you customarily distribute to patients to communicate instructions or recommendations about their treatment program. Examples of the materials that will be beneficial to us are: consent forms, special diets, pre-test procedures such as colon preps, etc., and post-operative procedures.

Thank you for taking the time to complete the questionnaire. Without your help it will be difficult for us to accomplish the task placed before us. We would appreciate your returning the information by **March 21**.

Sincerely,

Julie Thomas
Health Education Coordinator

Bette Kersey
Project Coordinator

Laura Schinnow
Adult Basic Education Coordinator

SIGNIFICANT COMMENTS

PHARMACISTS:

Some patients won't give you time to explain information to them. In too big a hurry.

DENTISTS:

General public needs to become involved in self-care.

NURSES:

Communication break-down is biggest cause of non-compliance.

The patient must be able to communicate their medical problems to MD's and nurses so they are able to address and treat patient completely and accurately.

PHYSICIANS:

I would be interested just how to recognize illiterate patients and communicate with them.

Many people don't want a physician as a partner. They want an authority. They have to be taught how to handle a partnership.

I find patients uncomfortable with all options. They can't imagine not receiving treatment.

Sometimes patients use lots of questions to avoid real issues.

SUPPORT STAFF:

You can talk and explain, answer questions. Patient must take responsibility to do things at home that will affect dental cre.

CHIROPRACTOR:

We encourage lifestyle changes and all applicable home therapy follow-up. This requires partnership and communication. Only a small percent of patients accept responsibility, most oriented toward a "drop it off today and pick up next Tuesday" approach.

MISCELLANEOUS PROFESSIONAL GROUP:

Being able to communicate is the only way to increase compliance.

Appendix C

HEALTH SURVEY

This survey is part of a special project for Iowa Valley Continuing Education. Our project is designed to increase communication between health professionals and patients. Thank you for taking a few minutes to complete this survey.

Health professionals can include doctors, nurses, pharmacists, dentists, social workers, dental hygenists, dieticians, etc.

PATIENT/HEALTH CARE PROVIDER

1. What do you want most in your relationship with your health provider? Please rate in order of importance. With the scale 1 to 5, use #1 as most important.

   ___ Caring attitude

   ___ A good listener, someone easy to talk with

   ___ Treat me as an equal so that I can be a partner in my medical care decisions

   ___ Time for answering my questions

   ___ Explanations and instructions that I can understand

2. During an office visit to a health provider do you pretend to understand something when you don't?

   Always _____ Sometimes _____ Never _____

3. Do you take a list of questions with you to ask during the office visit? Yes ___ No ___

4. Have you ever <u>not</u> told your health care provider about a problem because you were too scared to talk about it? Yes ___ No ___

5. Have you ever had something so embarrassing to say that you couldn't get the words out? Yes ___ No ___

6. Have you ever hoped the health provider would guess your problem so that you wouldn't have to talk about it? Yes ___ No ___

7. How would you rate your ability to talk with your health provider?

   Excellent _____ Good _____ Fair _____ Poor _____

8. Do you read written materials when given to you by a health provider? Yes ___ No ___ I don't receive any ___

USE OF MEDICINE

1. Do you get prescriptions filled? Yes ___ No ___ Sometimes ___

2. Do you sometimes change the amount of medicine you are taking without asking your doctor? Yes ___ No ___

3. Do you take your medicine as long as the doctor says you should?
Yes ___ No ___

4. Do you ever share or exchange medicine with family or friends?

Sometimes _____ Never _____

UNDERSTANDING YOUR MEDICINE

1. Does your doctor tell you the name of the medicine and what it's supposed to do?

Always _____ Sometimes _____ Never _____

2. Does your doctor tell you how often to take the medicine and for how long?

Always _____ Sometimes _____ Never _____

3. Does your doctor tell you what food, drink or other medicine not to use while taking the medicine?

Always _____ Sometimes _____ Never _____

4. Does your doctor warn you about the other effects of the medicine?

Always _____ Sometimes _____ Never _____

5. Does your pharmacist offer written materials about your medicine?
Yes ___ No ___

6. Does your pharmacist review with you the directions on the medicine bottle?
Yes ___ No ___

7. Does your pharmacist warn you about what foods, drink or other medicines not to use while taking a prescription medicine? Yes ___ No ___

8. Who gives you the most information about your medicine?

Doctor ____ Nurse ____ Pharmacist ____

GETTING THE RIGHT ANSWERS

1. When your health provider says something that's hard to understand, do you:

   (a) Feel stupid about asking a question and then leave not knowing what was meant? Always _____ Sometimes _____ Never _____

   (b) Say "I don't understand what you're saying or, I don't understand why I have to do that?" Always _____ Sometimes _____ Never _____

   (c) Call back later and say "I didn't quite understand what you said, tell me again?" Always _____ Sometimes _____ Never _____

   (d) Are you satisfied that you are getting good instruction for your health care? Yes ___ No ___

   (e) Do you think you should take a more active role in your health care decisions? Yes ___ No ___

2. Do you ask your pharmacist for more information when you don't understand how to take your medicine? Yes ___ No ___

3. How do you remember instructions best?

   ___ When someone shows me
   ___ When someone tells me
   ___ When I practice it
   ___ When I read about it

4. Do you know what your reading level is?

   ___ 0-4 grade
   ___ 5-8 grade
   ___ 9-12 grade
   ___ College
   ___ Don't know

5. When do you seek health care? Check both if they apply.

   ___ Only for an illness or emergency
   ___ Regular check-ups

6. Do you find it easier to talk with (circle):
   doctor or nurse
   dentists or dental hygenist
   doctor or pharmacist

7. Which health professional do you see most often? List.
   _____
   _____

Where did you complete this questionnaire:

___ Clinic
___ Community group
___ Other _____
___ Classroom
Name of Class _____

Circle: Male Female
Age: ___16-20 ___20-29 ___30-39 ___40-49 ___50-59 ___60 and above

IOWA VALLEY CONTINUING EDUCATION

Memorandum

To: Coordinators

From: Laura & Julie

Date: March 9, 1990

Subject: Health Surveys

Attached are 30 surveys for our literacy and health education project. We are distributing the surveys to Adult Basic Education students and the general public. Would you please distribute the surveys to a class or classes meeting between now and March 23. If each coordinator will collect at least 30 surveys we can meet our goal.

A note that can be photocopied and sent with the surveys to an instructor is attached. Thanks for your help.

LSJT/s

Attachment

Dear Instructor:

Would you please ask your students to complete the enclosed surveys. They are part of a special project to help adults communicate better with health professionals. Please return to me or the Continuing Education office no later than March 23. Thank you.

APPENDIX C3

IOWA VALLEY
CONTINUING EDUCATION

1200 SOUTH CENTER STREET P.O. BOX 536 MARSHALLTOWN IOWA 50158 ● 515 752-

IMPORTANT - PLEASE READ

March 9, 1990

MEMO

TO: ABE/GED/ESL Instructors

FROM: Laura Schinnow

RE: Health Survey

Iowa Valley is conducting a special project on literacy and health education. The project aims to increase communication between the health profession and undereducated adults. We need information from your students to help us with the project. Please have as many of your students as possible fill out one of the enclosed questionnaires. If you need more copies please give me a call. We are asking the general public to fill them out also so feel free to do one yourself.

Please return the completed questionnaires in the envelope provided by March 23.

Thanks for your help.

IOWA VALLEY
CONTINUING EDUCATION

● 3700 SOUTH CENTER STREET, P.O. BOX 536, MARSHALLTOWN, IOWA 50158 ● 515/752-4645

TO: Participating Organizations

FROM: Julie Thomas, Health Education Coordinator
Bette Kersey, Project Coordinator
Laura Schinnow, Adult Basic Education Coordinator

RE: Literacy and Health Education Study

We need your help in collecting reliable data. The State Department of Education has awarded a grant to Iowa Valley Community College District to conduct a Literacy and Health Education Study.

The project is designed to enhance/increase communication between the health profession and the literacy impaired patient. Illiteracy is difficult for the health professional to detect and poses problems in treating these patients.

We will be collecting data through questionnaires to all health professionals, the general public (you), and students in Adult Basic Education requiring one-on-one tutoring. Results from the surveys will be of great assistance in developing our workshop "Meeting Communication Needs of Patients With Low Literacy Skills", and in our work with special students.

Thank you for taking time to complete the questionnaire. Without your help it will be difficult for us to accomplish the task placed before us.

Appendix D

APPENDIX D Sample: On the Right Track

WIC Approved Cereals

33

34

The Special Supplemental Food Program for Women, Infants, and Children (WIC) is open to all eligible persons. Persons seeking to file discrimination complaints based on race, color, national origin, age, sex, or handicap may write to the Secretary of Agriculture, Washington, D.C., 20250.

WIC PROGRAM

DEPARTMENT OF PUBLIC HEALTH

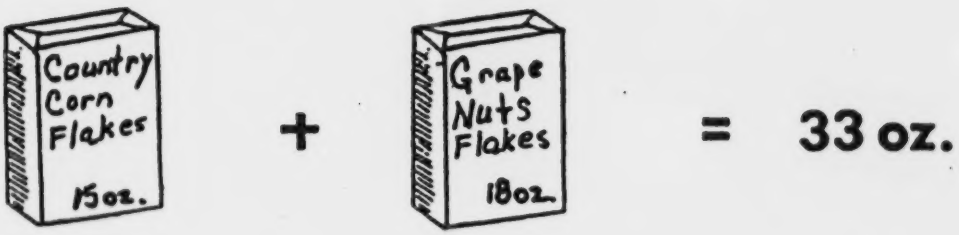
BUYING WIC CEREALS

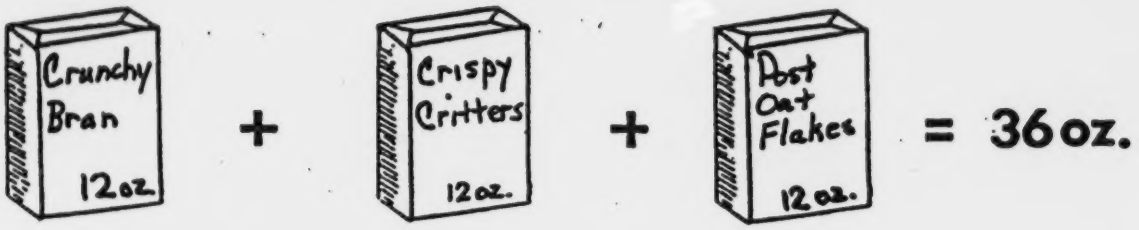
Your WIC check probably reads "36 OZ. WIC CEREAL, APPROVED BRANDS ON BACK". Buying cereals this way means you have to watch carefully to be sure you are buying only WIC approved brands in the right amount.

Remember that each cereal listed is <u>for that brand name only</u>. You may not substitute other brands. For example; Country Corn Flakes is made by General Mills. You may <u>not</u> buy Post Toasties, or Kellogg's or any other brand of cornflakes because they do not have enough iron for WIC cereals.

36 oz. is usually 2, 3, or 4, boxes of cereal, depending on what brands and sizes you buy. At the bottom of each box, it will say "Net weight _____ oz.". Add the boxes together. Come as close as you can without going over 36 oz. You may not always get exactly 36 oz. depending on which cereals you choose, but come as close as you can.

Here are some examples:





Welding Goggles (d) and shields with special absorptive or filter lenses provide protection against dangerous welding rays, sparks, flying particles and other welding hazards.

Sunglasses (e) are important protection for the farmer who works for prolonged periods out-of-doors as protection against the sun's harmful rays.

The lenses in eye protective devices should offer clear, comfortable vision with no appreciable distortion. Eye protection devices should fit snugly and correctly. Straps, frames and other parts of the devices should be durable and designed to fit comfortably.

Avoid wearing inexpensive sunglasses that are made with inferior glass and offer little impact-resistance. These types of sunglasses can shatter upon impact and produce dangerous splinters that can be driven into the eye.

When selecting welding glasses, consult your welding supply dealer on the shade of filter lens needed for the type of welding you do.

and 3,

Wear Your Eye Protection.

The highest quality eye protection devices made do little good if they are in your pocket or dangling from a farm machine at the time of an accident.

You should know how and when to use eye safety devices. You should wear them routinely whenever even the slightest possibility of an eye accident exists.

Keeping your vision up to par will also help reduce eye injury and other farm accidents that occur when you can't see well enough to avoid hazards. Periodic vision examinations will aid in the early detection of eye disease and will help you maintain the vision skills you need for safe, efficient farming.

You can reduce the possibility of an eye injury on your farm. It's as simple as "one, two, three..."

This material has been printed in the public interest by the American Optometric Association.

American Optometric Association
7000 Chippewa Street
St. Louis, Missouri 63119
AOA (314) 832-5770

G67-176

Printed in U.S.A.

Eye Safety on the Farm

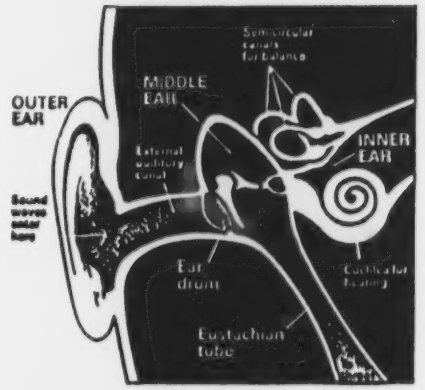
What are the symptoms of otitis media?

Ear pain, fever, ear discharge, hearing difficulty, and complaints of "noises in the ear" are clues that otitis media may be present. If a child seems to be getting sicker as a cold progresses or rubs his or her ears, otitis media should be suspected. Many other factors can contribute to ear pain including teething, outer ear infections, and sore throat. Sometimes ear fluid accumulates without infection and causes subtle hearing loss without ear pain or fever.

It is best to notify your doctor if your child seems to be having any type of ear problem, since each ear problem is treated differently. If ear problems occur in the middle of the night, the use of aspirin-like medicines will often relieve the pain until the morning, when your child can be examined by the doctor.

How does the doctor diagnose otitis media?

Your physician often can find out what is causing the ear problem by looking at the ear drum through an otoscope. He or she will check for swelling and redness of the ear drum, elasticity of the eardrum, and evidence of fluid behind the drum to decide how to treat an ear infection. Ear fluid may be detected by tympanometry (the measurement of middle ear pressure) and audiometry (the measurement of hearing sensitivity). Occasionally, the eardrum ruptures and ear fluid is discharged. It may be necessary to obtain some of the ear fluid for laboratory analysis to guide treatment.



How is otitis media treated?

Your child's physician will suggest a treatment plan to relieve ear pain and reduce accumulation of fluid. If bacterial infection is suspected, an antibiotic will be prescribed. Ear pain and fever, when present, are normally gone within three days after starting treatment. If ear fluid persists or if otitis media is recurrent, minor surgery may be suggested to remove the ear fluid and to put a small plastic tube in the ear drum to prevent future development of middle ear vacuum.

What should I expect after treatment?

After an episode of otitis media, your child's ears will be re-examined to be sure that the inflammation and ear fluid are gone and that hearing is normal. If fluid or inflammation remains at this follow-up examination, additional treatment and follow-up will be prescribed in an attempt to reduce the risk for recurrent otitis media or permanent hearing loss and ear drainage. The only way to tell whether the otitis media episode is gone is to examine the ear. Therefore, it is important that your child be seen by his or her doctor for

What are the consequences of otitis media?

Most children with fluid in the middle ear space improve within several weeks. Some have ear fluid for several months, and these children may be given long-term antibiotic or another medical treatment. They will be re-examined often during this time. Youngsters whose ears do not improve or who continue to develop otitis media may be referred to an ear surgeon.

Most ear infections heal with no detectable hearing loss. However, children with recurrent or prolonged ear fluid accumulation may miss sounds that are important in language development.

What can be done to prevent middle ear infections?

Most children have at least one episode of otitis media during infancy and the preschool years, and some will have several each year, most commonly during the winter months. If your child suffers recurrent otitis media, you may be able to pinpoint some of the things that provoke it, such as colds or exposure to other people with colds or sore throats. In some cases, you may be able to reduce these risks yourself. In others, long-term medication may be suggested. Vaccines against the viruses and bacteria that cause otitis media are being developed, but none are available at this time.

Finding Out The Results

Your doctor will tell you the results of your upper GI endoscopy. General findings are usually available when sedation wears off. Biopsy results take several days, cytology results take longer. If you are awake during the procedure, you may be able to look through the endoscope. Results can be stored by taking slides or polaroid photographs through the endoscope. Additional tests or treatment may be recommended.

KRAMES COMMUNICATIONS

Gastroenterology Consultant: Janet Fisher, MD

Written: Mary Jane Ryals, Writer; Jeanne Pulp and Ellen E. Going.

This brochure is not intended as a substitute for professional medical care.

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Patient Information Library® Brochure

UPPER GI ENDOSCOPY

A Direct Exam for Upper GI Problems

Upper GI endoscopy is a special examination of your upper gastrointestinal (GI) tract for problems like ulcers, foreign objects, or tumors. During endoscopy, a long flexible tube, or endoscope, is passed through the mouth to the esophagus, stomach, or small intestine for direct viewing. Based on fiberoptics, the ability of flexible glass fibers to transmit light, endoscopy is performed by an endoscopist, a physician who is specially trained in the procedure.

Getting Ready

- ▶ No food or drink after midnight or for 6 hours before the examination.
- ▶ Bring x-rays.
- ▶ Have someone drive you home afterwards.

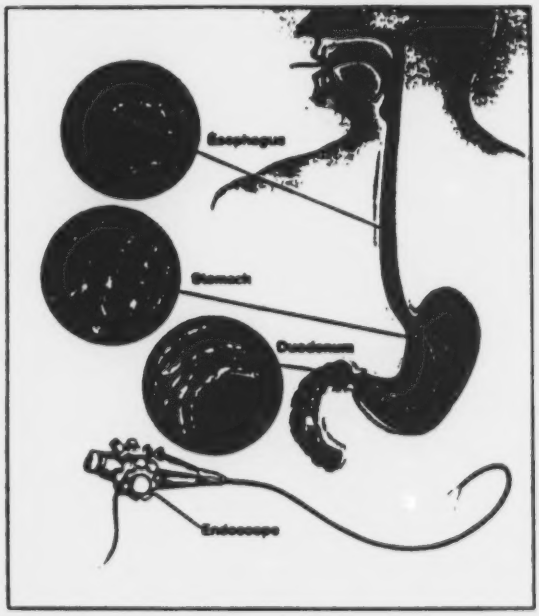
Compliance Note

- ▶ Follow doctor's instructions carefully. If you don't, procedure may be cancelled or repeated.

BEST COPY AVAILABLE

Anatomy of Upper GI Endoscopy

Upper GI endoscopy allows the physician to look directly at the upper gastrointestinal tract, including the esophagus, stomach and duodenal portion of the small intestine. Upper GI endoscopy can diagnose ulcers, gastritis, tumors, and causes of bleeding or pain. It is also used for taking biopsy specimens, removing foreign objects (for example, coins in children) or polyps, stopping bleeding, and opening strictures (narrow areas).

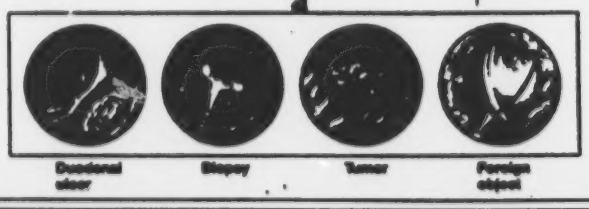


How Endoscopy Works

The endoscope is composed of extremely thin threads of bendable glass, which transmit light and images back to the viewer. The physician can therefore see the structures of the upper GI tract directly by looking through the endoscope, and make a diagnosis. By inserting special instruments, the physician can also take specimens or remove foreign objects or polyps.

What Happens During Endoscopy

- ▶ You will wear comfortable clothes or gown.
- ▶ Proceed to endoscopy room where you will be asked to lie on a table on your left side. The physician and nurse and technician will be with you.
- ▶ Your throat may be anesthetized with spray or gargle. Intravenous sedation will be given.
- ▶ You will then be asked to swallow the endoscope, which is thinner than most food you swallow. This is surprisingly easy.
- ▶ The endoscope does not interfere with breathing.
- ▶ Lights are lowered and the physician begins examination. Air inserted during procedure may cause burping.
- ▶ When the procedure is completed, you will rest until sedation wears off. Your pulse and blood pressure may be monitored during and after endoscopy.



Tell Your Doctor If...

- ▶ You are allergic to medications or anesthetics.
- ▶ You take medications.
- ▶ You have heart or lung problems.
- ▶ You are pregnant.

How Long?

- ▶ Endoscopy itself takes about 30 minutes.
- ▶ Allow for arrival and recovery time.

Afterwards

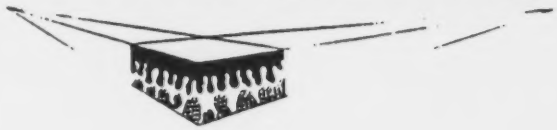
- ▶ Follow your doctor's instructions.
- ▶ If an outpatient, have someone drive you home.
- ▶ Resume normal diet.

Special Note

- ▶ Complications rare.
- ▶ Burping relieves bloated feeling.
- ▶ May have sore throat.

BEST COPY AVAILABLE

Service to Dermatology™



PSORIASIS

WHAT IS PSORIASIS?

soriasis is a common and recurring condition in which the skin develops red patches of various sizes, covered with dry, very scales.

Most often, it affects the scalp, the trunk of the body and the outer side of the arms and legs, especially the elbows and knees. e palms and soles may also be involved. rtunately, the face is usually spared.

WHAT CAUSES PSORIASIS?

ugh psoriasis is one of the oldest skin conditions known to man and was even around in Biblical times, its cause is still unknown. But we do know something about its development.

The "epidermis," or outer layer of our skin, is constantly manufacturing new cells and shedding old ones. In psoriasis, it is thought that some defect of the enzymes of the skin alters this process. Normally, the development of new cells, which grow out from the lower basal layer toward the skin surface, takes about 28 days. In psoriasis, this process is speeded up to 4 or 5 days. Instead of shedding inconspicuously, the outer cells form scales which remain heaped up on the skin.

CAN ANYBODY DEVELOP PSORIASIS?

There are some factors that seem to determine who is most likely to get psoriasis, and possibly the most important of these is heredity. Often, the person with psoriasis has a parent or grandparent who also had the condition. In terms of probability, it has been estimated that a person with one affected parent has about a 10% chance of also being affected. Having two parents with psoriasis increases the chances to about 30%.

While the tendency to develop psoriasis is inborn, race is also an important factor. Basically, psoriasis is a disease of Caucasians...with an incidence of 2 to 4% among the white population in this country and an even higher incidence in Europe.

HOW IS PSORIASIS DIAGNOSED?

The white, silvery scales of psoriasis are so distinctive that it is relatively easy to diagnose. Where the scales are not evident, as often occurs in people who bathe and scrub frequently, scratching the lesions will show the typical scales. Further scratching will show bleeding pinpoints, which are also characteristic of the disease.

In about a quarter of all cases, the nails may also show peculiar changes. There may be pitting. Or the nails may be thickened, yellowish or opaque, with ridges and scales heaped up at the free edge. These characteristics, plus the distribution of the scaly patches on the body and the family history, will lead to the diagnosis. In cases of doubt, a biopsy—that is, the microscopic examination of a tiny piece of skin removed under local anesthesia—will provide confirmation.

WHAT DIFFERENTIATES PSORIASIS OF THE SCALP FROM PLAIN DANDRUFF?

Dandruff covers most of the scalp, while psoriasis occurs in patches, with normal scalp in between. Passing your finger over your scalp, you cannot feel dandruff, you only see the flakes on your shoulders. But you can feel the psoriatic lump caused by heaped up scales held together by the hairs.

WILL PSORIASIS ON THE SCALP CAUSE LOSS OF HAIR?

No, it will not. Some hairs may break when squeezed by the scales. But the roots, which are deep down in the skin, are not affected. So, once your scalp is clear, the hair will grow as healthy as before.

WHAT IS THE IMPORTANCE OF "NERVES" IN PSORIASIS?

"Nerves" do not cause psoriasis and seldom trigger the first attack. But they can aggravate and perpetuate the disease. For instance, the patches or "plaques" of psoriasis may clear up during a restful vacation on a sunny beach...only to relapse when you return to the pressures and stress of a responsible job.

DO INFECTIONS AFFECT PSORIASIS?

Streptococcal sore throat in children often triggers an attack of psoriasis. This is usually of a peculiar type called "guttate," meaning "drop-like" in Latin. The red, flaky lesions—instead of being in solid patches—are round and small and resemble drops of water sprinkled over the body.

In addition, an adult with chronic psoriasis may develop a flare-up after a strep throat infection. This reaction develops about two weeks after the infection, which may indicate that it is of an allergic nature. However, this is the only evidence that allergy may play a role in psoriasis.

DO HORMONES AFFECT PSORIASIS?

We know that there is some relationship between psoriasis and hormonal changes in different stages of life, but we don't know

exactly what it is. In both men and women, psoriasis develops more frequently or gets worse at puberty, and there is another smaller peak at menopause. Often the lesions improve or disappear during pregnancy, only to reappear after childbirth.

HOW ABOUT DIET?

At present, diet is thought to play only a small role in psoriasis. Some dermatologists like their patients to reduce their intake of greasy food. In general, obese individuals respond better to therapy if they lose weight. And some people have flare-ups following an excess of alcoholic drinks. In general, a well balanced diet is advisable in people with psoriasis, just as it is in everyone.

WHAT IS THE ROLE OF CLIMATE AND SUNLIGHT?

Hot, humid environments tend to make bad cases of psoriasis worse. In contrast, sunlight and dry, sunny climes, as a rule, are helpful—particularly in mild cases. In temperate climates, where sunlight is not available all year, artificial ultraviolet light is frequently used in the treatment. One time-tested, effective therapy combines the application of a preparation containing coal tar, followed by exposure to an ultraviolet lamp. Recently, investigations with a substance taken by mouth, followed by exposure to a special source of ultraviolet light, have given encouraging results.

THEN A DAY AT THE BEACH WOULD BE THERAPEUTIC?

Only if you are careful. Exposure to sunlight or artificial ultraviolet light should always be done cautiously and in moderation. The exposure should be just enough to cause a mild redness the first time, then gradually and carefully increased on subsequent occasions. Prolonged exposure to sunlight, such as being at the beach all day, may do considerable harm, especially if you are fair-skinned. A severe sunburn may actually cause the psoriasis to spread all over the sunburned areas.

WHY DOES THAT HAPPEN?

In some people with psoriasis, an unusual phenomenon may take place: superficial injury to the normal skin may cause it to develop a patch of psoriasis at the injury site. Bad sunburn is one such injury. Others are scrapes and scratches.

WHAT OTHER COMPLICATIONS SHOULD I KNOW ABOUT?

Really very few, and they are not common. On occasion, neglected and mistreated cases of psoriasis may spread so that the skin becomes red and flaky all over. Even more infrequently, pus filled lesions may develop on the palms and soles. Both these occurrences are rare. Some authorities think that there is a type of arthritis sometimes connected with psoriasis, but this is still a very controversial subject. And other scientists firmly believe psoriasis and arthritis have no connection, but are simply two common conditions that may just happen to affect the same person at the same time.

In general, the health of the person with psoriasis is not affected.

WHAT CAN I EXPECT FROM TREATMENT?

In general, the course of psoriasis is unpredictable and irregular. Nevertheless, under treatment, the plaques will frequently disappear entirely, or the disease will retreat to a few spots on elbows or knees.

These minimal spots, or some slight pitting on the nails may remain minimal for years. Then, under severe stress, or for some other, unknown reason, the rash may again blossom over the body...again requiring aggressive treatment to hasten its retreat. This erratic course may go on for years, often with long periods of freedom from skin trouble.

IS IT TRUE THAT PSORIASIS IS INCURABLE?

That depends on what you mean by the word "cure." If we mean that a "cure" is to make a disease disappear and never return, then many diseases are incurable, including the common cold. If by "cure" we mean to make the symptoms disappear, then psoriasis is often curable. It may take time. And certainly it takes patience and perseverance. Of course, individuals with a tendency to psoriasis may develop new lesions months or years later, just as those with a tendency to colds may develop another one any time in the future.

WHAT KIND OF TREATMENT WILL MY DOCTOR PRESCRIBE?

Naturally, your doctor knows best what is likely to help your particular case. He or she will study your psoriasis and choose the measure or measures that seem most suitable. Routine measures may include local preparations made from coal tar or cortisone derivatives that you massage into your skin. You may even be told to cover some areas of your body or leave them uncovered. Your doctor may also inject medication into a psoriasis plaque in order to speed recovery. And the "lamp" treatments mentioned before may also be used.

WHAT CAN I DO TO HELP?

- **Cooperate fully with your doctor.** Set aside a certain amount of time daily for treatment. Massage the prescribed preparations into the affected skin without fail and in accordance with your physician's directions.

- **Try not to scratch.** Any itching will probably be minimal, and your doctor can prescribe a locally applied cream or ointment to relieve it.
- **Avoid quick "cures,"** often widely advertised. Expensive quack therapies which are said to have worked wonders in somebody else are likely to fail when you use them.
- Your doctor may tell you to **avoid situations of stress** that may aggravate the condition.
- **Stop worrying about the unsightly appearance of the rash.** It looks a lot worse to you than it does to other people. Besides, the more you worry, the worse the rash may get.
- **Above all, be patient.** Do not get discouraged if progress is slow. If you are more stubborn than the disease, you can control it, make it disappear, or at least, keep it to a minimum. Do not allow it to run your life!

SPECIAL INSTRUCTIONS:

Appendix E

NEWS RELEASE
Please release immediately
091790 -- ISOa097

For more information, contact:
Bette Kersey, IVCE Project Coordinator
(515) 752-4645 or 1-800-284-4823

A new course entitled Opening Communication Doors: Meeting Communication Needs of Patients with Low Literacy Skills (#25695) is being offered in Marshalltown for health professionals, social workers, therapists, psychologists, home economists and others interested in the problem of communicating medical information to patients with low literacy skills.

The course, sponsored by Iowa Valley Continuing Education, will be held Thursday, Sept. 27, from 9 a.m. to 3:30 p.m. in the Continuing Education Center, room 608. The $15 fee includes lunch, breaks and materials.

"This course holds some exciting possibilities for medical professionals in this area," says Bette Kersey, Literacy & Health Education coordinator for IVCE. "Studies everywhere show that communication problems are at the core of much of our failed health care -- illiteracy is an easy condition for health professionals to overlook and, at the same time, poor readers (who are usually embarrassed about their lack of ability) do not admit that they can't read. You can see how the situation snowballs!"

According to Kersey, an estimated 47,000 Iowa adults function at the 6th grade reading level or below, and 17 percent of Iowa adults over age 25 have not attended school beyond the 8th grade. At the same time, the reading level of most patient education materials, instructions, health forms and dosage labels for medications is at the 9th grade level or above.

"Estimates suggest that at least one in five American adults cannot read well enough to carry out medical treatment at home," says Kersey. "This means that they do not get well and need to seek further treatment which, because of their low reading skills, may or may not work the second time around either."

Among the objectives for the Opening Communication Doors course are: identifying the needs of adults with low literacy skills, comparing educational materials written at different reading levels, appreciating how difficult it is to understand written instructions with limited reading skills, learning five ways to simplify instructions for patients, learning methods to verify that patients understand what they are told, and practicing rewriting instructions to reduce the literacy demand on patients.

"Undereducated adults CAN take an active role in their own health care if given the proper attention and tools," says Kersey. "Those attending this course will learn how to begin better serving patients with low literacy skills, which in turn will make health professionals' jobs easier."

A team of nine professionals will present the course. Preregistration is required and can be completed by calling IVCE at 752-4645 or 1-800-284-4823. Registrants should have their Social Security numbers available.

-30-

Reserve this date on your calendar now!

Thursday, September 27, 1990

for

Opening Communication Doors

Meeting Communication Needs of Patients With Low Literacy Skills

Course #25695
9:00 a.m. - 3:30 p.m.
Continuing Education Center
Room 608
Marshalltown, IA

Is reading ability affecting your patients' therapy?
Learn to evaluate and enhance written patient education materials and make use of communication strategies for better patient compliance.

CEU's / Contact Hours submitted for

nurses, pharmacists, dentists, dental hygenists, dental assistants
medical assistants, social workers, physical therapists, occupational therapists,
respiratory care practitioners, psychologists, dieticians, home economists and radiographers.

47

Conference brochures will be available soon.
For more information, Contact Iowa Valley Continuing Education - 1-800-284-IVCE

PRESENTERS

Lucianne Dhooge, RN, BSN, Director
Home Health Department
Grinnell General Hospital, Grinnell

Sue Ebert, Instructor/Coordinator
Iowa Falls Learning Center, IVCE

Kristi J. Ferguson, PhD
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Pat Hildebrand, M.S., R.D.,L.D.
Health Services Director
Mid-Iowa Community Action

Bette Kersey, Project Coordinator
Literacy & Health Education, IVCE

Dennis Mallory, D.O.
Mallory Medical Center, Toledo

Rex McKee, B.S., R.Ph.
Owner Home Care Pharmacy, Waterloo
& Wright Pharmacy, Traer

Laura Schinnow, Coordinator
Adult High School Completion, IVCE

Julie Thomas, RN, BSN,
Health Education Coordinator, IVCE

Iowa Valley Continuing Education
1700 South Center St., P.O. Box 536
Marshalltown, IA 50158

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Continuing Education

Opening Communication Doors

Meeting Communication Needs of Patients With Low Literacy Skills

Course #25695

9:00 a.m. - 3:30 p.m.

Thursday, September 27, 1990

Continuing Education Center
Room 608
Marshalltown, IA

Sponsored by:
Iowa Valley Continuing Education Provider #18

Opening Communication Doors
#25695

Name _____
(as it appears on your license)

Social Security #_____
Address _____
_____

Phone (day) _____
Phone (eve.) _____
License # _____

CEU's / Contact Hours

0.6, nurses, IBN Criteria 5.3(2)a(1&2); dental assistants; pharmacists number 180-107-90- 032 and social workers. Submitted for dentists, dental hygenists, medical assistants, physical therapists, occupational therapists, respiratory care practitioners, psychologists, dieticians, home economists, and radiographers.

ACPE The Iowa Pharmacists Association is approved by the American Council on Pharmaceutical Education as a provider of continuing pharmaceutical education.

Fee: $15 includes lunch, breaks and materials

Registration

Pre-registration and prepayment is required. It may make a difference whether a class is held or cancelled. To pre-register, mail in form provided or call 752-4645 or 1-800-284-4823. Mail your check or money order with the course number in the lower left hand corner to:

Registration IVCE
P. O. Box 536
3700 South Center Street
Marshalltown, IA 50158

Refund Policy: Request for refund of one day workshop tuition and fees must be made prior to the scheduled activity. Classes with insufficient enrollment are subject to cancellation-refund of prepaid tuition and fees is automatic (a check from IVCCD will be mailed to you).

Iowa Valley Community College District is committed to the policy that all persons shall have equal access to its programs, facilities, and employment without regard to race, religion, color, creed, sex, national origin, age, physical or mental handicap. Grievance procedures available upon request.

Opening Communication Doors

Meeting Communication Needs Of Patients With Low Literacy Skills

Iowa Valley Continuing Education Center, Room 608, Marshalltown, IA

Description

Is reading ability affecting your patients' therapy? Learn to evaluate and enhance written patient education materials and make use of communication strategies for better patient compliance.

Intended Audience

All health professionals involved in patient teaching, including nurses, doctors, pharmacists, dentists, nutritionists, dieticians, physical therapists, social workers, radiographers, respiratory care practitioners, home economists, medical assistants, dental hygenists, dental assistants, etc.

OBJECTIVES

1. Identify the prevalence, characteristics, and needs of adults with low literacy skills.
2. Share three major challenges health care professionals face in patient education.
3. Describe the principles of readability formulas and compare educational materials written at different reading levels.
4. Appreciate how difficult it is to comprehend written instructions with limited literacy skills.
5. Name five ways to simplify and adapt instruction to reduce literacy demand.
6. Describe three methods to verify that patient education is understood.
7. Evaluate the reading level of at least one written instruction.
8. Practice rewriting instructions to reduce literacy demand.

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SCHEDULE

8:45	Registration
9:00	Welcome and Introductions Literacy & Health Education Study Survey Instrument and Results
9:30	Challenges of Communication in Today's Health Care Setting Panel Discussion
10:30	Break
10:45	Understanding Adults With Low Literacy Skills
11:15	Personal Experiences - Videotape
11:30	Testing Readability of Patient Education Materials
Noon	Lunch
12:45	Strategies for Presenting Patient Information Adapting Existing Methods Evaluating Video Instruction Organizing Information Reinforcing Information
2:15	Break
2:30	Practice Using Patient Education Materials
3:30	Evaluation and Adjournment

Appendix F

IOWA VALLEY
CONTINUING EDUCATION

● 3700 SOUTH CENTER STREET, P.O. BOX 536, MARSHALLTOWN, IOWA 50158 ● 515/752-4645

September 10, 1990

Kristi J. Ferguson
Associate Research Scientist
Office of Consultation and Research in Medical Education
The University of Iowa
Iowa City, IA 52242

Dear Kristi:

Early registrations for our September 27th workshop are most encouraging. You will note in the brochure that the workshop is approved for CEU's by the Iowa Pharmacists Association and applications were submitted for a more comprehensive group of health professionals.

I am including the suggestions for planning your presentation that were listed in my letter of May 3, 1990. They may be useful, but should not limit your contribution to the panel discussion. Describe the communication that takes place in an ideal health care setting. Is it realistic for today's health care setting? What demands do the following place on communication between patient and health care professional:

-- Lifestyle
-- Patient expectations
-- Sophisticated technology
-- An aging population
-- The media
-- Cultural differences
-- Self-prep for outpatient procedures
-- Self-care, use of diagnostic kits and medications

All previous commitments for an honorarium and travel expenses remain the same and we invite you to join us for lunch and the afternoon session. We will begin the session with a video presentation of "Health Education for Non-Readers." This 18-minute tape from the Health Promotion Council of Southeastern Pennsylvania is well done and will be the focus of the afternoon portion of our in-service program.

Thank you again for your time and contribution to our project. If you have any questions please call me at 515-499-2455.

Sincerely,

Bette Kersey
Project Coordinator

BK/z
Encl.

Appendix G

MEETING COMMUNICATION NEEDS of PATIENTS WITH LOW LITERACY SKILLS

NARRATIVE

Present health care research shows that what patients want most from a doctor's appointment is:

- A chance to tell their story
- Information about their problem and how to solve it.

Like all people, those with low literacy skills get sick, go to doctors, attend clinics and sometimes are hospitalized. Most of all, like the rest of us, they want to feel better.

We may tend to typecast patients with limited skills and make the mistake of believing they lack responsibility and the desire to participate in decisions.

Communication can be the single most important factor in patient satisfaction.

MEETING COMMUNICATION NEEDS of PATIENTS WITH LOW LITERACY SKILLS

NARRATIVE

Webster's Ninth New Collegiate Dictionary defines communication in these ways: "... a verbal or written message; personal rapport; a process by which information is exchanged between individuals through a common system of symbols, signs or behaviors..."

When patients feel their input is important they are more likely to open up and provide valuable information.

Poor readers and persons who cannot read usually do not ask questions to obtain information.

A growing elderly population with learning impairments, poor readers and non-readers create communication barriers for us. We may feel "what's the use?" when faced with what seems an impossible challenge.

MEETING COMMUNICATION NEEDS of PATIENTS
WITH LOW LITERACY SKILLS

NARRATIVE

"I keep trying, but I cry alot",
responded a doctor to our Patient/
Health Care Professional Survey.

Patient attitudes and emotions can be
barriers or they can enhance treatment.

Establishing rapport and making sure that
the patient has realistic expectations are
important tools in patient education and
compliance.

Patients under stress tend to remember
less - anxiety is the enemy.

Health care professionals can work around
communication barriers together and often
it helps to involve a third person.

The mission is to see how well we can
work around the barriers so patients
will be able to carry out a minimum set
of instructions in an effective manner.

Appendix H

Appendix H

Handouts:

- Local Census Data By County
- Making Good Interviews Better
- Organizing Information So It Can Be Remembered
  (Includes Smog Readability testing)
- Nicotinic Acid
- Tips On Teaching Patients
- Reinforcing Your Message
- On-the-shelf Materials
- Presentation of New Materials
- Guidelines - Writing For Adults With Limited Reading Skills
- Written Education Materials Review
- Audio Program Review

Given out later:

- Re-Write Project - Getting The Most From Your Medicines
- Re-Write - Nicotinic Acid (purple copy)
- Evaluation
- Example of printed material well done
  We used "Could There Be Another Baby In Your Future?"
  DOPH

ATTACHMENT A

LOCAL CENSUS DATA BY COUNTY

County	18 yrs. and older	Have not completed High School Number	Percent
Hardin	15,951	4,770	30%
Marshall	29,940	7,441	25%
Poweshiek	14,134	3,444	24%
Tama	13,877	4,523	33%

LOCAL CENSUS DATA BY SCHOOL DISTRICT
(25 years and older)

	#have not completed 8th gr.	%less than 8th grade	# have not completed H.S.	% have not completed H.S.
Beaman-Conrad	199	12	367	22
Wellsburg	329	28	422	36
Ackley-Geneva	717	31	913	39
Alden	281	21	470	35
Eldora-New Prov.	579	19	977	31
Hubbard	176	18	271	27
Iowa Falls	818	17	1458	30
Radcliffe	223	21	317	29
Steamboat Rock	90	17	158	29
Union-Whitten	91	11	206	24
Green Mountain	47	7	74	13
L-D-F	138	10	278	21
Marshalltown	2612	14	4751	26
SEMCO	155	13	276	23
West Marshall	486	16	914	30
B-G-M	432	20	704	32
Grinnell-Newburg	718	11	1522	23
Montezuma	354	19	534	28
Garwin	152	21	197	27
Gladbrook	322	24	464	34
South Tama	1297	23	2001	36

MAKING GOOD INTERVIEWS BETTER

QUESTIONS - INSTRUCTION - RAPPORT

1. Listen carefully to how your patient feels about his or her health and body, lifestyle and perception of illness.

2. Let the patient's vocabulary and needs guide your questions and responses.

3. Ask questions that are "open-ended" rather than close-ended" and probing rather than leading.

4. Limit technical terms. Take time to explain them or spell out the terms in syllables.

5. Suggest lifestyle changes in ways that do not induce feelings of shame or guilt.

6. Make sure the patient understands the prescribed regimen. Ask patient to tell you in his or her own words what you have said. Have your patients demonstrate an activity in their own way.

7. Personalize your message; summarize important points:

   - This is what is wrong with you
   - These are the tests we are going to carry out
   - This is what I think will happen to you
   - This is the treatment you will need

   This is what you must do to help yourself

8. Ask for feedback if you are not sure the patient has understood you:

   - "Now tell me what you know and what you are to do"
   - "Let me go over a couple of things that are really important"

9. Call back if you have more questions or do not feel better.

SIMPLIFY...VERIFY

REMEMBER IT TAKES TWO TO COMMUNICATE

APPENDIX H2

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ORGANIZING INFORMATION SO IT CAN BE REMEMBERED.

When distributing patient information reduce the amount of information for the patient:

1. Underline the 1 or 2 most essential lines. Point them out.
2. Make the patient do brain work - feed back. Opens long term memory.
3. Get patient to talk. Make them explain their condition. Their verbal communication helps them to remember.
4. Give patient relevant information. Discuss with them what they eat before making dietary changes.

ORGANIZE

- ✓ Headers
- ✓ Paragraphs
- ✓ Bullets
- ✓ White space
- ✓ Select three things for patient to remember

VALUABLE VISUAL AIDS

- ✓ Illustrations
- ✓ Photos
- ✓ Graphs
- ✓ Charts

DO VISUAL AIDS COMMUNICATE INDEPENDENT OF THEIR TEXT?

1. Decide what is most relevant to the patient.
2. Limit your main points to three or less.
3. Be sure the visuals make their point
4. Organize the information.
5. Get the patient to talk about what you have told him or her.

THREE THINGS TO REMEMBER

1. How difficult it is to read backwards and comprehend the message.
2. How important it is to limit the number of main points to three.
3. How to look critically at visual aids.

What we have been illustrating and discussing are strategies for presenting patient information.

How to Test for Readability

The SMOG Readability Formula

To calculate the SMOG reading grade level, begin with the entire written work that is being assessed, and follow these four steps:

1. Count off 10 consecutive sentences near the beginning, in the middle, and near the end of the text.
2. From this sample of 30 sentences, circle all of the words containing three or more syllables (polysyllabic), including repetitions of the same word, and total the number of words circled.
3. Estimate the square root of the total number of polysyllabic words counted. This is done by finding the nearest perfect square, and taking its square root.
4. Finally, add a constant of three to the square root. This number gives the SMOG grade, or the reading grade level that a person must have reached if he or she is to fully understand the text being assessed.

A few additional guidelines will help to clarify these directions:

- A sentence is defined as a string of words punctuated with a period (.), an exclamation point (!) or a question mark (?).
- Hyphenated words are considered as one word.

  Numbers which are written out should also be considered, and if in numeric form in the text, they should be pronounced to determine if they are polysyllabic.
- Proper nouns, if polysyllabic, should be counted, too.
- Abbreviations should be read as unabbreviated to determine if they are polysyllabic.

Not all pamphlets, fact sheets, or other printed materials contain 30 sentences. To test a text that has fewer than 30 sentences:

1. Count all of the polysyllabic words in the text.
2. Count the number of sentences.
3. Find the average number of polysyllabic words per sentence as follows:

$$\text{average} = \frac{\text{Total \# of polysyllabic words}}{\text{Total \# of sentences}}$$

4. Multiply that average by the number of sentences *short of 30.*
5. Add that figure on to the total number of polysyllabic words.
6. Find the square root and add the constant of 3.

Perhaps the quickest way to administer the SMOG grading test is by using the SMOG conversion table. Simply count the number of polysyllabic words in your chain of 30 sentences and look up the approximate grade level on the chart.

An example of how to use the SMOG Readability Formula and the SMOG Conversion Table is provided on the following page.

Example Using the SMOG Readability Formula:

Sample only. Information may not be current.

Is Controlling Cancer—You Make a Difference

The key is action. You can help protect yourself against cancer. Act promptly to:

- Prevent some cancers through simple changes in lifestyle.
- Find out about early detection tests in your home.
- Gain peace of mind through regular medical checkups.

Cancers You Should Know About

Lung Cancer is the number one cancer among men, both in the number of new cases each year (79,000) and deaths (70,500). Rapidly increasing rates are due mainly to cigarette smoking. By not smoking, you can largely prevent lung cancer. The risk is reduced by smoking less, and by using lower tar and nicotine brands. But quitting altogether is by far the most effective safeguard. The American Cancer Society offers Quit Smoking Clinics and self-help materials.

Colorectal Cancer is second in cancer deaths (25,100) and third in new cases (49,000). When it is found early, chances of cure are good. A regular general physical usually includes a digital examination of the rectum and a guaiac slide test of a stool specimen to check for invisible blood. Now there are also Do-It-Yourself Guaiac Slides for home use. Ask your doctor about them. After you reach the age of 40, your regular check-up may include a "Procto," in which the rectum and part of the colon are inspected through a hollow, lighted tube.

Prostate Cancer is second in the number of new cases each year (67,000), and third in deaths (20,600). It occurs mainly in men over 60. A regular rectal exam of the prostate by your doctor is the best protection.

A Check-Up Pays Off

Be sure to have a regular, general physical including an oral exam. It is your best guarantee of good health.

**This pamphlet is from the American Cancer Society.*

How Cancer Works

If we know something about how cancer works, we can act more effectively to protect ourselves against the disease. Here are the basics.

1. Cancer spreads; time counts—Cancer is uncontrolled growth of abnormal cells. It begins small and if unchecked, spreads. If detected in an early, local stage, the chances for cure are best.
2. Risk increase with age—This is not a reason to worry, but a signal to have more regular, thorough physical check-ups. Your doctor or clinic can advise you on what tests to get and how often they should be performed.
3. What you can do—Don't smoke and you will sharply reduce your chances of getting lung cancer. Avoid too much sun, a major cause of skin cancer. Learn cancer's Seven Warning Signals, listed on the back of this leaflet, and see your doctor promptly if they persist. Pain usually is a late symptom of cancer; don't wait for it.

Unproven Remedies

Beware of unproven cancer remedies. They may sound appealing, but they are usually worthless. Relying on them can delay good treatment until it is too late. Check with your doctor or the American Cancer Society.

More Information

For more information of any kind about cancer—free of cost—contact your local unit of the American Cancer Society.

Know Cancer's Seven Warning Signals

1. Change in bowel or bladder habits.
2. A sore that does not heal.
3. Unusual bleeding or discharge.
4. Thickening or lump in breast or elsewhere.
5. Indigestion or difficulty in swallowing.
6. Obvious change in wart or mole.
7. Nagging cough or hoarseness.

If you have a warning signal, see your doctor.

6.4

Note

In the expression $\sqrt[n]{b}$, the $\sqrt{\ }$ is called a radical symbol,* b is called the radicand, n is called the index, and $\sqrt[n]{b}$ is called the radical. Also, the principal nth root of 0 is 0. That is, $\sqrt[n]{0} = 0$.

Table 5.1 lists the most common principal roots that we use in this book.

Square roots*	Cube roots	Fourth roots
$\sqrt{1} = 1$	$\sqrt[3]{1} = 1$	$\sqrt[4]{1} = 1$
$\sqrt{4} = 2$	$\sqrt[3]{8} = 2$	$\sqrt[4]{16} = 2$
$\sqrt{9} = 3$	$\sqrt[3]{27} = 3$	$\sqrt[4]{81} = 3$
$\sqrt{16} = 4$	$\sqrt[3]{64} = 4$	$\sqrt[4]{256} = 4$
$\sqrt{25} = 5$	$\sqrt[3]{125} = 5$	$\sqrt[4]{625} = 5$
$\sqrt{36} = 6$	$\sqrt[3]{216} = 6$	
$\sqrt{49} = 7$		

*When we write a square root, $\sqrt{\ }$, the index is understood to be 2.

Table 5.1

*The $\sqrt{\ }$ is the radical symbol and the $\overline{\ }$ means that what is under the radical symbol is a grouping.

We have calculated the reading grade level for this example. Compare your results to ours, then check both with the SMOG conversion table:

Readability Test Calculations	
Total Number of Polysyllabic Words	38
Nearest Perfect Square	36
Square Root	6
Constant	3
SMOG Reading Grade Level	9

SMOG Conversion Table*

Total Polysyllabic Word Counts	Approximate Grade Level (±1.5 Grades)
0-2	4
3-6	5
7-12	6
13-20	7
21-30	8
31-42	9
43-56	10
57-72	11
73-90	12
91-110	13
111-132	14
133-156	15
157-182	16
183-210	17
211-240	18

*Developed by: Harold C. McGraw, Office of Educational Research, Baltimore County Schools, Towson, Maryland.

Nicotinic Acid Regimen

This medication sometimes causes itching and flushing, especially more pronounced at the initiation of therapy. You will adapt to the medication and the intensity of the flushing episodes will decrease and usually stop. If you continue the medication on a regular basis, the possible side effects of itching and flushing will decrease. It has been found that intermittently missed or skipped doses along the course of taking this medication will increase the chance for these symptoms to continue or reoccur. Try to take every dose every day, to minimize those symptoms. Taking them with meals helps to minimize the effects. Also, it may help to decrease the side effects by taking Aspirin 20-30 minutes before dosage.

Initially, we start with 100mg tablets and later convert to 500mg tablets for convenience. The target dose we try to chieve is 3000 to 5000mg per day. Nicotinic acid is the vitamin niacin that in large doses interfers with the production of VLDL (the major triglyceride carrying protein) by the liver. Since about 50% of VDDL is converted to LDL, the major cholesterol carrying protein, we can see further cholesterol lowering.

We do not recommend the sustained action formulation of Nicotinic Acid (e.g. Nicobid) because of an excess of GI side effects. Also, Nicotinamide is not the same as nicotinic acid.

Dosing Schedule

TIME	BREAKFAST	LUNCH	SUPPER	TOTAL
7 days	100mg	100mg	100mg	300mg
7 days	200mg	200mg	200mg	600mg
7 days	300mg	300mg	300mg	900mg
7 days	500mg	500mg	500mg	1500mg
7 days	1000mg	1000mg	10000mg	3000mg

NICOTINIC ACID

What is it?

Nicotinic acid is a B-vitamin.
It can help lower your cholesterol.

Your Treatment

1. Begin by taking 1-100 mg. tablet three times each day with meals.
2. Each week you will increase the amount you are taking.
3. 3000 mg. each day will be your target dosage at five weeks.
4. Week 4 you will take 500 mg. tablets instead of 100 mg. tablets, so fewer tablets will be taken at each meal.

Schedule

Week	Breakfast	Lunch	Supper	Total
1	1-100 mg. tablet	1-100 mg. tablet	1-100 mg. tablet	300 mg.
2	2-100 mg. tablets	2-100 mg. tablets	2-100 mg. tablets	600 mg.
3	3-100 mg. tablets	3-100 mg. tablets	3-100 mg. tablets	900 mg.
4	1-500 mg. tablet	1-500 mg. tablet	1-500 mg. tablet	1500 mg.
5	2-500 mg. tablets	2-500 mg. tablets	2-500 mg. tablets	3000 mg.

Problems

Nicotinic acid may cause you to:

✔ itch ✔ turn red ✔ feel warm
✔ upset your stomach ✔ diarrhea

Follow your schedule and these problems should decrease or stop.
Aspirin, taken 20 - 30 minutes before the tablet(s), may help decrease the side effects.

If these symptoms do not get better or get worse • • •

CALL YOUR DOCTOR

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TIPS ON TEACHING PATIENTS

WHAT TO TEACH

1. Your patient must know enough about his condition to understand the nature and continuity of treatment.

2. S/he will need relevant information to carry out appropriate behavior:

   - What do I take?
   - How much do I take?
   - When do I take it?
   - What will it do for me?
   - What do I do if I get a side-effect?

HOW TO TEACH

Anxiety is the enemy. The least threatening way to introduce educational materials to patients with low literacy skills is to use several ways of learning:

- Verbal
- Printed materials
- Visuals
- Audio tapes
- Audio visuals

Patients with low literacy skills do not possess the language or thinking skills to process complex and abstract ideas. They need pictures, demonstrations, repetition, several forms of the same message.

For these reasons, audio tapes alone do not ensure comprehension. Audio tapes can work along with simplified text, slides or illustrations.

Teach the smallest amount possible to do the job.

Make your point as vivid as you can. Use simple language; simple line drawings; short precise instructions.

Give a little - get a little. Feedback and practice are how learning takes place.

Have patient restate and demonstrate.

Offer encouragement at every possible step. Your patient must want to cooperate with treatment. Patients need all the help they can get.

REINFORCING YOUR MESSAGE

There are many advantages to using print materials in the information, education and communication of health care.

- Print materials come in many forms: booklets, package inserts, posters, fliers, coloring books, comic books and flip charts.
- They store easily and can be used without any special equipment.
- Good information can be reproduced on a limited budget.
- Can be tailored for specific audiences.
- An excellent tool to reinforce messages presented verbally.
- Improve comprehension and reinforce memory.
- Useful as a reference during an interview for provider and patient. Ensures against forgetting any important message.
- A means of transmitting standardized information with friends, relatives or neighbors who may play a support role in health care.
- Might just serve as a motivator for those who wish to improve their literacy skills.
- Help to standardize information for all health care providers in a group setting. Patient is receiving a consistent message.

ON-THE-SHELF MATERIALS

Criteria for evaluating existing materials include:

- Ease of understanding
- Target audience - age, gender, ethnicity or language group
- Appropriateness of reading level
- Quality of illustrations; does the patient see what s/he is meant to see in a picture
- Technical accuracy
- Cultural sensitivity may be a consideration

ADAPTING EXISTING MATERIALS

- Decide on your message and/or behavior desired
- Circle the information in the original material that is essential to achieve the desired behavior in the patient
- Organize the topics in the sequence the patient needs to use the information...FIRST THINGS FIRST
- Use an active voice and conversational style to rewrite essential information
- Use shorter words and sentences
- Use headers or clues

PLANNING STEPS TO MAKE YOUR OWN WRITING EASIER

- When new materials are needed, borrow ideas from existing materials for content and format
- Select messages specific to the needs of your target audience: knowledge, attitude, behavior
- Reading level required
- Decide on the most relevant information needed
- Organize topics in the way patients will use them

PRESENTATION OF NEW MATERIALS

Select the most appropriate presentation method, text only or text with other forms of display.

- Limit number of concepts.
- Arrange messages in sequence.
- Black print on a white or light color is easiest to read.
- Leave plenty of space; text is easier to read, follow and understand.
- Select a type style that is clear and easy to read, especially for audiences with low literacy skills.
- Use a type size large enough for the audience to read. This is important for those with poor vision.
- Use upper-case and lower-case letters (regular type). All capital letters and text set in italics makes reading more difficult.
- Try underlining for emphasis.
- Use headers or clues

For additional information refer to the handout -

GUIDELINES: WRITING FOR ADULTS WITH LIMITED READING SKILLS

United States
Department of
Agriculture

Food and
Nutrition
Service

Office of
Information

Guidelines: Writing For Adults With Limited Reading Skills

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Guidelines: Writing For Adults With Limited Reading Skills

Introduction

Approximately 27 million U.S. adults are considered functionally illiterate. This means they have not learned to read or cannot read well enough to understand most of the printed material available -- and necessary -- in today's society.

Identifying these people can be difficult. Many have learned to cope, in varying degrees, with their literacy handicap. Many manage to hide their limitations from most of the people with whom they interact.

The following guidelines are intended to help in preparing written materials for adults with limited reading skills. It is directed to writers and editors who have never written for low-literacy audiences or who want to sharpen their skills, as well as to persons not trained as writers and editors but whose responsibilities require preparation of such materials.

The materials discussed in the guidelines are assumed to be informational; the goal is to prepare messages from which readers can gain knowledge. Basic points in preparing any informational material are addressed: Know the characteristics of the audience so that the material is appropriate; clearly identify and organize the message; and present the material in a way to get and hold readers' attention long enough for them to retain the message.

The guidelines do not contain new information. Rather they present information compiled from a variety of resources. Neither are they meant to be comprehensive. Additional grammar, art, graphics, and design resources might be needed to supplement the information, depending on the author's writing and editing experience. A selected list of references for additional information is included in this booklet.

Many of the examples used in the guidelines relate to food and nutrition, however, the concepts they illustrate are applicable to any topic.

After you have used or read "Guidelines: Writing For Adults With Limited Reading Skills," please evaluate its usefulness. An evaluation form is included in the back of the booklet. Your comments and evaluations will help the author develop any future supplemental materials or revisions to the guidelines.

Know Your Audience

To be effective in writing for adults with limited reading skills, you must understand some of their characteristics. Keep in mind one basic point -- the lack of good reading and comprehension skills is not an indication of your readers' intelligence. Your writing style should be simple and direct without "talking down" to them.

A reader with limited reading skills often:

* Reads at a level at least 1 to 2 school grades below the highest grade completed. Anyone with a reading level below the 5th grade does not have enough language fluency to make good use of written materials.

* Has a short attention span. The message should be direct, short, and specific.

* Depends on visual cues to clarify and interpret words. Appropriate pictures, illustrations, and graphics must work in conjunction with words.

* Has difficulty in understanding complex ideas. The message must be broken down into basic points with supporting information.

* Lacks a broad set of inferences other than personal experiences from which to draw when reading. Personally involving readers by applying the material to their lifestyle makes it more meaningful.

Deciding On And Organizing Your Message

Ask yourself what the reader needs to know about the subject. List the ideas or concepts you want to convey and refine them to their simpliest forms. Then organize the presentation of your message.

* Be consistent in presenting and organizing the information, from idea to idea and from page to page. Consistency provides continuity to help the reader follow the points you want to make.

* Put important information either first or last. Even good readers have a tendency to forget or skip over information between the introductory and summary sections.

* Summarize or repeat ideas or information often to refresh a reader's memory, particularly when preparing materials in a series.

* Present one idea on a single page (or two pages if they are face to face). This allows the reader to complete an idea without the distraction of having to turn pages. Simple ideas should not need more than two facing pages.

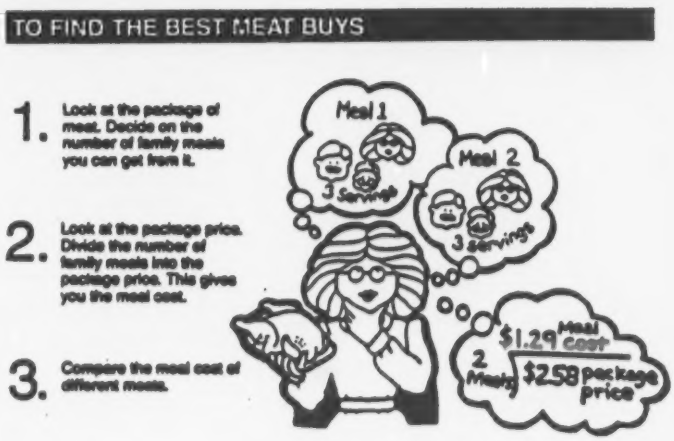
* Stay with one idea at a time, presenting only the most relevant information. Avoid going off on tangents.

* Be specific, concise, and accurate so the reader has only the most essential information to think about or decisions to make while reading. Break complex ideas down into sub-ideas.

* Start with the completed idea you want understood, then provide an explanation or give "how to" information.

* Sequence information logically. The following are all good sequencing techniques:

  - Step-by-step (1., 2., 3.,)
  - Chronological (a time line)
  - Topical (using main topics and sub-topics)


TO FIND THE BEST MEAT BUYS
1. Look at the package of meat. Decide on the number of family meals you can get from it.
2. Look at the package price. Divide the number of family meals into the package price. This gives you the meal cost.
3. Compare the meal cost of different meats.
Meal 1
3 Servings
Meal 2
3 servings
$1.29 Meal cost
2 Meals
$2.58 package price

Writing Your Message

To the unskilled reader all of the physical elements of the written message are important. Words, sentences, and paragraphs should all work together to make reading easier, enjoyable, and more easily comprehended. Your goal is to keep the "story" or message moving so it does not get boring.

Tips On Using Words

Choose and use your words carefully. That does not necessarily mean using fewer words to explain an idea. Unskilled readers can become frustrated and disinterested in the material if they do not understand or relate to the words on a page.

The list of frequently used written words given on page 16 can be helpful in word selection. Words appropriate to the cultural and environmental backgrounds of the readers can be added to the list.

* Avoid using abstract words/phrases. If you must use them, help the reader understand them through examples and pictures. For example:

  Avoid: "Labels let you in on the inside."
  Better: "Food labels can tell you a lot about the food inside the package."

* Use short, non-technical words of two syllables or less. Hyphenated words are counted as one polysyllabic word.

* Use live, active verbs and strong, concrete nouns to add strength and emphasis to sentences. Avoid adjectives and adverbs. For example:

> Keep your own yard and street clean.
> Pick up trash around your home.
> Put trash in the proper container.
> Work with your neighbor to clean up areas in your neighborhood and to keep them clean.

* Use words and expressions familiar to the reader. If you must introduce unfamiliar words, explain them through simple definition, word/picture associations, or by example. Repeat new words at short intervals to make them familiar. For example:

> Aquaculture
>
> Many farmers raise catfish and other fish in ponds on their farms. This kind of farming is called aquaculture.
>
> Aquaculture farming works this way. Farmers buy small fish called fingerlings and feed them in the farm ponds. The fish grow to weigh about one or two pounds. Then they are caught and sold to grocery stores and restaurants.
>
> A lot of catfish can be raised in a pond, Aquaculture is a good way to raise a lot of food in a small space. Aquaculture is a good way for some farmers to make money.

* Avoid sentences with double negatives. Use of negative words may not be objectionable, but positive statements are more motivating. For example:

> Avoid: "Do not eat non-nutritious snacks."
> Better: "Choose snack foods that are high in nutrients."

* Avoid a writing style that uses:
  - -abbreviations (unless commonly recognizable, i.e. USA)
  - -contractions
  - -acronyms
  - -unfamiliar spelling of words
  - -quotation marks

  Persons with limited reading skills may not understand them and, more importantly, their eyes may not read over them smoothly.

* Avoid statistics. Often they are extraneous and difficult for unskilled readers to interpret.

Word List

High frequency words that make up about 60% of written language.

a	country	hard	made	parts	think	year
about	*	has	make	people	this	years
above		have	man	picture	those	you
across	day	he	many	place	thought	your
after	days	head	may	put	three	*
again	did	help	me	*	through	
air	different	her	men		time	
all	do	here	might	read	times	
almost	does	high	more	right	to	
along	don't	him	most	*	today	
also	down	his	mother		together	
always	during	home	mr.	said	too	
an	*	house	much	same	took	
and		how	must	saw	two	
animals	each	however	my	say	*	
another	earth	*	*	school		
any	end			second	under	
are	enough	I	name	see	until	
around	even	if	near	sentence	up	
as	ever	important	need	set	us	
asked	every	in	never	she	use	
at	eyes	into	new	should	used	
away	*	is	next	show	*	
*		it	night	side		
	far	its	no	since	want	
back	father	*	not	small	was	
be	feet		now	so	water	
because	few	just	number	some	way	
been	find	*	*	something	we	
before	first			sometimes	well	
began	following	keep	of	soon	went	
being	food	kind	off	sound	were	
below	for	know	often	still	what	
best	form	*	old	story	when	
better	found		on	study	where	
between	four	land	once	such	which	
big	from	large	one	*	while	
both	*	last	only		white	
boy		left	or	take	who	
boys	get	let	other	tell	why	
but	give	life	others	than	will	
by	go	light	our	that	with	
*	going	like	out	the	without	
	good	line	over	their	words	
called	got	little	own	them	work	
came	great	live	*	then	works	
can	*	long		there	world	
children		look	page	these	would	
come	had	looked	paper	they	write	
could	hand	*	part	things	*	

Word Frequency Book by John B. Carroll, Peter Davies, and Barry Richmen, Houghton Mifflin Co. and American Heritage Publishing Co., 1971.

Checklist For Written Materials

Check how your materials meet some of the basic techniques on writing for adults with limited reading skills.

- ☐ Need for information is established.
- ☐ Information is useful without being extraneous.
- ☐ Target Audience is identified. Its characteristics are understood and not forgotten as the primary receiver of the information.
- ☐ Audience is made to feel personally involved and motivated to read the material.
- ☐ Sentences are simple, short, specific, and mostly in the active voice.
- ☐ Each idea is clear, logically sequenced, and limited to one page or two pages, face to face. Important points are highlighted and summarized.
- ☐ Illustrations are relevant to text, meaningful to the audience, and appropriately located.
- ☐ Words are familiar to the reader. Any new words are clearly defined. None, or very few, are three syllables or more.
- ☐ Readability level is determined to be close to 5th grade level.
- ☐ Layout balances white space with words and illustrations.

Pretesting Before Production

Pretesting allows an opportunity to evaluate and reassess the material for appropriateness with the target audience. There are two good pretesting resources described in the Readability Formulas section on page 17. Additional materials may be available at your local library.

Results of a pretest should give feedback on five basic components of effective communication: attractiveness, comprehension, acceptability, self-involvement, and persuasion.

Attractiveness is visual appeal. Its role is to motivate readers to pick up the material and read it. Visual appeal includes elements such as:

- -Overall design
- -Title
- -Color
- -Illustrations

Comprehension is how well the ideas are understood and retained. Elements that affect comprehension include:

- -Repetition of key words or concepts
- -Sentence structure
- -Word usage
- -Highlighting techniques
- -Appropriate reading level

One element the writer cannot control, but which strongly influences comprehension, is the extent to which a reader's background knowledge and experiences can be applied to make the material meaningful.

Acceptability is a condition (state) of favorable approval or belief. Some elements that make written materials acceptable include:

- -Culturally appropriate illustrations and words
- -Credibility of the author
- -Legibility of typeface

Self-involvement is the degree to which readers can apply what they read to their own life style. Elements that contribute to self-involvement are:

- -Action-oriented illustrations that incorporate the reader's point of view
- -Text with personal references
- -Words common to the reader's vocabulary.

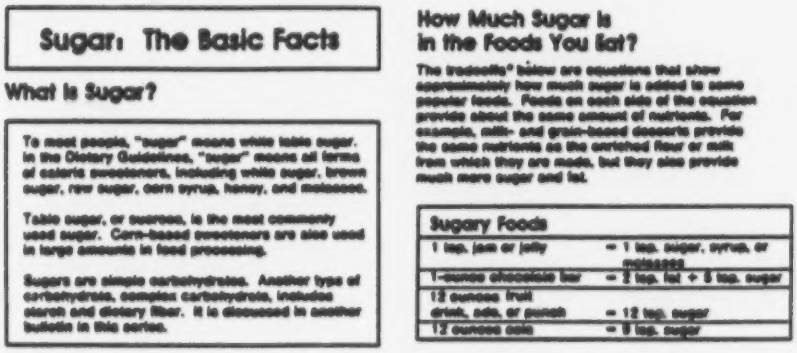
Persuasion is the ability to convince the reader to undertake a desired behavior or accept new information. Persuasion can be achieved through:

- -Identifying and presenting topics relative to the reader's concerns
- -Logically sequencing information
- -Being a credible author in the eyes of the reader or quoting a well known, reliable source.

Visual devices draw the reader's attention to the most important places on a page. However, their overuse could be distracting.

* Use arrows, color, and other highlighting techniques to lead the reader's eye sequentially from one piece of information to the next.

* Box in concepts that belong together or stress common similarities or differences.



Sugar: The Basic Facts

What is Sugar?

To most people, "sugar" means white table sugar. In the Dietary Guidelines, "sugar" means all forms of caloric sweeteners, including white sugar, brown sugar, raw sugar, corn syrup, honey, and molasses.

Table sugar, or sucrose, is the most commonly used sugar. Corn-based sweeteners are also used in large amounts in food processing.

Sugars are simple carbohydrates. Another type of carbohydrate, complex carbohydrate, includes starch and dietary fiber. It is discussed in another bulletin in this series.

How Much Sugar is in the Foods You Eat?

The tradeoffs* below are equations that show approximately how much sugar is added to some popular foods. Foods on each side of the equation provide about the same amount of nutrients. For example, milk- and grain-based desserts provide the same nutrients as the enriched flour or milk from which they are made, but they also provide much more sugar and fat.

Sugary Foods	
1 tsp. jam or jelly	= 1 tsp. sugar, syrup, or molasses
1-ounce chocolate bar	= 2 tsp. fat + 5 tsp. sugar
12 ounces fruit drink, soda, or punch	= 12 tsp. sugar
12 ounces cola	= 9 tsp. sugar

Spacing is important. Generally, the size of the page dictates an appropriate column width, typeface style and size, spacing between lines, and the placement of visuals. Maintaining consistency in spacing throughout your work is important.

Margins. If possible make margins wider at the bottom than at the top of the page and equalize side margins.

* Use an unjustified right margin. "Justifying" makes consistent spacing within and between words and can confuse an unskilled reader.

Justified

A justified right hand margin will have each line end at exactly the same place on the right margin and be the same length. The spacing will be uneven between words. Newspaper columns are good examples of justified margins.

Unjustified

An unjustified right hand margin will have each line end at different places on the right margin. Like this example, each line will be a different length. No irregularity can be seen with the spacing between words.

Columns. Use narrow columns, such as this one. They are easier to read. A 40-45 character column is recommended.

Paragraphs. When paragraphs are short, do not indent. When text is complex, start each sentence of a paragraph on a new line. Double space between paragraphs; single space between a heading and the first paragraph.

Words. Avoid putting the first word of a sentence as the last word on a line.

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Tips On Lettering

* Select a style and size of typeface (lettering) that is easy to look at and read.

* A simple typeface without italics, serifs, or curls is good. Handwriting (script) is difficult for unskilled readers to read. A good range of typeface sizes would be from 10-14 points.

* Mix upper and lower case lettering together. They are easier to read than LETTERING IN ALL CAPITALS.

* Avoid crowding letters. Rely on what is pleasing to the eye. Try mixing both mechanical and optical spacing techniques:

  Mechanical spacing is equal distance between letters without regard to letter shape.

  Optional spacing allows shapes of letters to determine spacing between them.

* Contrast lettering color with background color. The best ink and paper combinations for reading are those which provide good contrast. Dark ink colors, particularly black, dark blue, and brown, on white or off-white paper are very legible. If photocopies of the material are sharp and clear, the contrast is good.

* Thin, dark lettering on a light background is best. If light-colored lettering on a dark background is used, the lettering should be a thicker typeface to facilitate reading. For example:

Ingredient Listing Ingredients are listed in order from the most to the least amount found in the product.

Tips On Visual Design

Every element of a publication's design should serve a purpose. Heading, visual devices, and spacing help to attract and keep the reader's attention, organize the information, and keep the "story" moving.

Formating To Get Attention

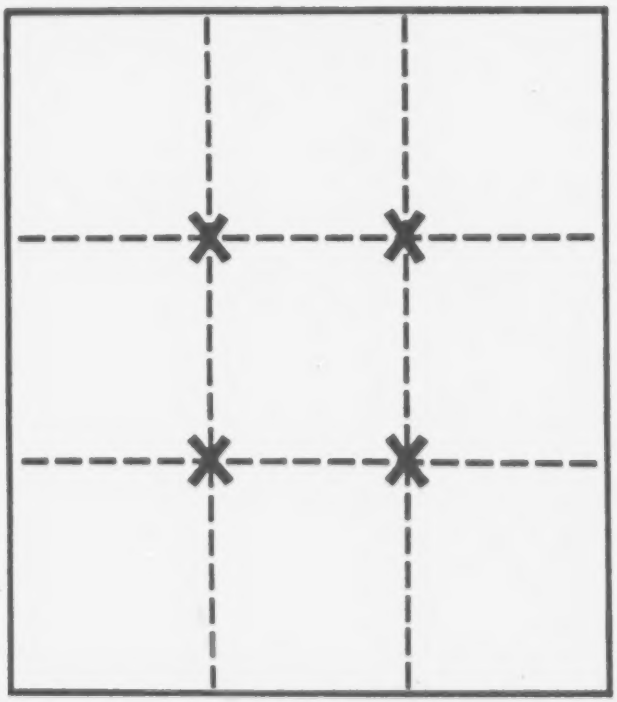
If your written material does not attract the attention of its audience, chances are your message will never be read. Both the overall visual presentation and the written message are important in developing useful and effective materials. Your format should be a simple, uncluttered, and balanced layout of text, illustrations, and design features. Once you have finished formating, try the "upside-down" test. If you turn the finished layout upside-down, it should look as good and be as appealing as it does right-side up.

Tips On Design And Layout

* Balance illustrations and words with background space. Lots of white space and wide margins will make your work seem simple and uncluttered.

* Start the message in the upper left corner or upper middle of the page.

* Put text and illustrations of greatest interest in the places marked by X's around the center square of a page, as if it had been divided into thirds both horizontally and vertically. For example:



* Number frames of sequential or grouped information. Numbering leads a reader logically through the message.

* Avoid lengthly lists. Unskilled readers have trouble remembering items on a list. Also, like most of us, they get bored reading lists.

* Use captions or text that tell readers what to look for in the illustration. People see different things in the same picture, based on their experiences and knowledge.

* Keep illustrations simple by removing unneeded background or extraneous detail. Each variation in types of line, shapes, textures, and spacial arrangements adds to the complexity of the illustration.

Example of removing extraneous detail:

* Use realistic pictures of people or activities to which a reader can identify. By being able to identify with characters or action in a picture, a reader may feel more personally involved with the message. Choose full-face pictures of people or illustrations that show definite actions that are easy to understand.

* Be cautious in using two illustrations showing wanted versus unwanted behavior or action. If the difference is not distinct, the reader may get the wrong message.

* Illustrations should get the reader's attention and complement the message, not dominate the reader's attention.

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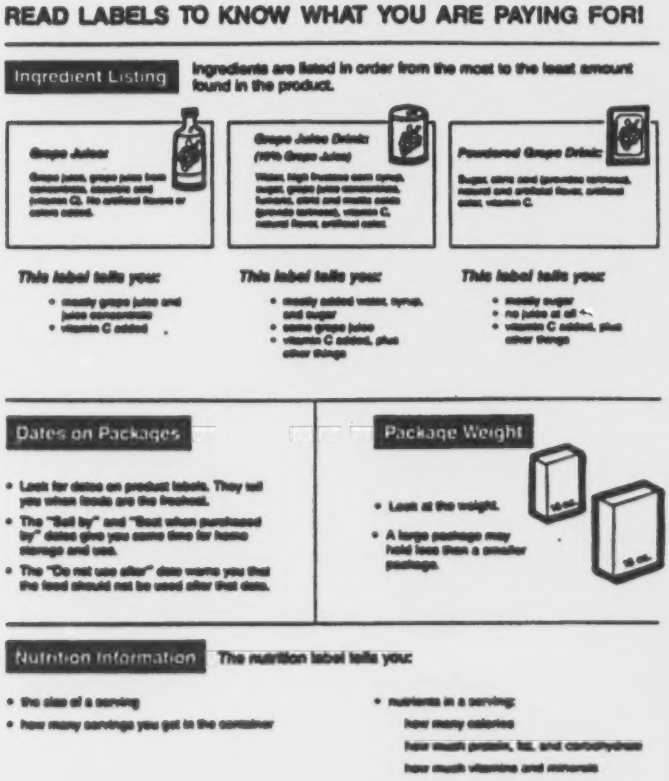
Tips On Headings

Headings are useful organization tools. They give an ordered look to the material, help readers locate information quickly, and give cues about the message content.


READ LABELS TO KNOW WHAT YOU ARE PAYING FOR!
Ingredient Listing
Ingredients are listed in order from the most to the least amount found in the product.
This label tells you:
This label tells you:
This label tells you:
Dates on Packages
Package Weight
Look at the weight.
Nutrition Information
The nutrition label tells you:

* Short explanatory headings are more instructional than single words that tend to be abstract. Abstract words are not specific enough. If readers must decipher words, you may lose their attention.

* Visuals with headings allow readers to react before more detailed information is given, particularly if the information is new.

* Headings are most effective when used with longer paragraphs, but for unskilled readers they are also appropriate for shorter messages.

* Captions or headings should summarize and emphasize important information.

Using Illustrations To Support The Message

Photographs and line art attract and keep a reader's interest and are often remembered longer than words. Properly chosen and placed illustrations make the text more meaningful and reduce the burden of details in the text.

Illustrations should be used with a specific informational purpose in mind, not just as decoration. They should emphasize, explain, or summarize the text.

* Place illustrations, along with any captions, next to the related text.

Tips On Writing Paragraphs

* Tell readers only what they need to know. Excess information can be confusing and distracting. For example:

Excessive:

"There are many ways to keep food safe to eat. One way to help keep food safe is to always wash your hands before getting food ready to eat. Other things that touch the food should be clean, too, such as pans, knives, spoons, countertops, mixing bowls, and dishes. This is very important if you plan to eat the food raw, such as in green salads. You can pick up bacteria on your hands from things you touch during the day. The bacteria can get on the food you are preparing. There are many kinds of bacteria. Some bacteria will not hurt you, but some of the bacteria can cause you to be ill. Every year many people get ill from eating foods that were prepared by someone who did not keep their hands or cooking tools clean."

Better:

"Always wash your hands before getting food ready to eat. Make sure the pans, knives, bowls, spoons, cutting boards, and other cooking tools are clean before you use them. Keeping your hands and cooking tools clean is VERY important if you plan to eat the food raw, such as in a green salad."

* Sequence information logically. Build connections between what the reader already knows and any new information presented. For example:

"You may know someone who was sick from eating food that was spoiled. Sometimes spoiled food does not look or taste spoiled. Here are some rules that can help you keep food safe to eat.

Keep food clean.
Keep hot foods hot.
Keep cold foods cold."

* Use short paragraphs.

* Use words with single meanings. Based on how they are used, words, like pictures, can mean different things to different people. For example:

"Poor readers" (unskilled)
"Poor readers" (limited income)

Tips On Writing Sentences

The three key elements of a sentence (length, punctuation and structure) work together to provide sentence rhythm. Their use or misuse influences the clarity and comprehension of a sentence and the reader's attention. To keep your reader's attention vary sentence rhythm.

Sentence length. Short sentences averaging 8-10 words are ideal. Longer ones tend to contain multiple ideas. They probably should be made into two sentences. To keep sentences short avoid unnecessary words, descriptive phrases and clauses, and parenthetical expressions (clarifying or explanatory remarks put in parenthesis).

Sentence punctuation. Asking questions to emphasize a point is a good technique, wouldn't you say? Exclamation points are good for emphasizing your message, too! But, they can get misused through overuse! So watch it!

Sentence structure . Usually the subject precedes the verb in a sentence. But sometimes, to vary sentence structure, try putting the verb in front of the noun. For example:

"The use of exclamation points should be minimized."
"Minimize the use of exclamation points."

* Write generally in the active voice. Active sentences place "doers" before "action," clearly showing the "doer" doing the action. Active sentences present concise, logical, and more direct information to the readers, making a stronger statement than passive sentences. Passive sentences have a form of the verb "to be" (am, is, are, was, were, be, being, been) plus a main verb ending in "en" or "ed". Often passive sentences are wordy and roundabout. The receiver of the verb's action comes before the verb, and the "doer" comes after. For example:

Active: "Jane identified a variety of trees."
(doer) (verb) (receiver)
Passive: "A variety of trees were identified by Jane."
(receiver) (verb) (doer)

Written Education Materials Review

Name of reviewer _____ Date _____

A. Source

1. Title _____
2. Author or producer _____
3. Publisher _____
4. Address _____

   _____
5. Date of publication _____
6. Cost _____ each; _____ per _____ (bulk price)
7. Languages available _____
8. Recommendation: yes _____ no _____
9. Purchase: yes _____ no _____

   Amount _____

B. Reading Level and Comprehension

1. Target audience _____
2. Reading level _____

   Method of calculation: Fry _____ SMOG _____

	Yes	No	NA
3. Appropriate word usage Words are familiar to intended audience. None, or very few, are three syllables or more. New words clearly defined. Two or fewer technical terms are used, with definitions provided.	___	___	___
4. Appropriate sentence structure Sentences are simple, short, specific, and in the active voice.	___	___	___
5. Good organization Main ideas are clear and simply stated. Ideas flow smoothly and logically. Topic headings identify separate topics. Key ideas are highlighted and summarized.	___	___	___
6. Appropriate writing style Tone is personal, positive, and respectful. Audience is made to feel personally involved and motivated to read the material.	___	___	___

Comments:

C. Content

	Yes	No	NA
1. **Clear purpose** of material is stated in title or introduction.	—	—	—
2. **Content is useful to target audience** needs and concerns.	—	—	—
3. **Information is accurate**, up-to-date, and free of error.	—	—	—
4. **Appropriate generalizations** are drawn from the information presented.	—	—	—
5. **Recommendations** made will not result in harmful effects.	—	—	—
6. **References and resources** are accurate, up-to-date, and usable.	—	—	—
7. **Credible source** of information.	—	—	—
8. **Free of sponsor/product bias.**	—	—	—
9. **Recipes appropriate** for target audience.	—	—	—
Does/is the recipe:			
-teach a desirable food behavior	—	—	—
-use reasonable cost ingredients	—	—	—
-use readily available ingredients	—	—	—
-compatible with the dietary guidelines (sodium, fat, sugar, calories)	—	—	—
-provide significant amounts of key nutrients	—	—	—
-easy to read	—	—	—
-easy to follow	—	—	—
-accurate and has been tested	—	—	—
-use precise and simple measurements	—	—	—
-tell the number of servings	—	—	—
-appropriate for low-income audiences (examples: 6-7 ingredients, least expensive ingredients, minimum equipment, adaptable to various cooking conditions)	—	—	—

Comments:

D. Design and Quality

	Yes	No	NA
1. **Quality paper** Heavy or medium weight paper. Print should be invisible from one side of the page to the other. Non-gloss or semi-gloss surface.	—	—	—
2. **Readable type size and style** Plain type face with minimum of 10 to 12 point size. (10 point) Plain type face with minimum of 10 to 12 point size. (12 point)	—	—	—
3. **Organized, balanced layout** Layout balances white space with words and illustrations.	—	—	—
4. **Appropriate use and placement of quality illustrations** Clarify, explain, or draw attention to main ideas in the text. Appropriate to target audience and avoid discrimination and stereotyping. Located next to related ideas in the text.	—	—	—
5. **Appropriate use and placement of charts, graphs, and tables** Clear and easy to read. Require no further calculation or background information to be understood. Located next to related ideas in the text.	—	—	—
6. **Use of color** Color of the ink and paper is used to enhance appeal of the pamphlet or to draw attention to areas within the pamphlet. Print can be read easily through background tints.	—	—	—

Comments:

Attach a copy of the educational material to this form.

Nutrition Bureau
Iowa Department of Public Health

January, 1989
Form 588-4441

Audiovisual Program Review

Name of reviewer _____ Date _____

A. Source

1. Title _____
2. Producer _____
3. Address _____

_____

4. Year produced _____
5. Format: ____16mm ____filmstrip ____slide/tape ____videotape
6. Length _____
7. Cost _____
8. Languages available _____
9. Recommendation: Yes _____ No _____
10. Purchase: Yes _____ No _____

B. Manner of Presentation and Comprehension

1. Target audience _____
2. Subject matter _____

		Yes	No	NA
3.	**Slow pacing of dialogue** Material contains passages of blank time which aid comprehension. Pace is slow enough audience can keep up with it.	____	____	____
4.	**Appropriate word usage** Words are familiar to intended audience. New words are clearly defined. Two or fewer technical terms are used, with definitions provided.	____	____	____
5.	**Appropriate presentation style** Tone is positive, personal and respectful. Audience is made to feel personally involved and motivated to watch.	____	____	____
6.	**Good organization** Main ideas are clear and simply stated. Ideas flow smoothly and logically. Little or no background information is needed. Key ideas are summarized.	____	____	____
7.	**Appropriate length** Less than 25 minutes; optimal length is less than 15 minutes.	____	____	____

Comments:

C. Content	Yes	No	NA
1. Clear purpose of program is stated in title or introduction.	____	____	____
2. Content is useful to target audience needs and concerns.	____	____	____
3. Information is accurate, up-to-date, and free of error.	____	____	____
4. Appropriate generalizations are drawn from the information presented.	____	____	____
5. Recommendations made will not result in harmful effects.	____	____	____
6. Credible source of information.	____	____	____
7. Free of sponsor/product bias.	____	____	____
8. Program depicts several ethnic groups.	____	____	____
9. Program depicts varying socio-economic levels in its characters, food recommendations, lifestyles, homes, furnishings, etc.	____	____	____

Comments:

D. Technical Quality

	Yes	No	NA
1. Audible sound Speaker's voice is clear, background sounds and music do not interfere.	____	____	____
2. Clear visuals Visuals are centered on screen; color and lighting enhance program. Visuals are factual. Visuals relate to dialogue and aid comprehension.	____	____	____
3. Logical Flow Scenes flow in logical order. Soundtrack matches the scenes.	____	____	____

Comments:

E. Instructional Guide	Yes	No	NA
An instructional guide is included.	____	____	____
Guide lists:			
-program objectives	____	____	____
-discussion questions	____	____	____
-activity suggestions	____	____	____
-informal evaluation strategies	____	____	____
-worksheets/handouts	____	____	____
-accurate and up-to-date references and resources	____	____	____

Attach copy of any descriptive material accompanying program.

Nutrition Bureau

Iowa Department of Public Health

July, 1989

Form # 588-4492

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Appendix I

Iowa Valley Continuing Education

P O BOX 536 • 3700 SOUTH CENTER STREET
MARSHALLTOWN, IOWA 50158 • 515/752-4645

HEALTH PROGRAM EVALUATION

PROGRAM TITLE: Opening Communication Doors

INSTRUCTOR: (Bettie Kersey), Varied Presenters

DATE: 9/27/90

You can help Iowa Valley Continuing Education improve programs by completing this questionnaire. In addition to evaluating the class you have just completed, your ratings and comments will serve as a guide for future program planning. Thank you for your interest and support!

	Very much so	Yes	To some extent	No	Not Applicable
1. The workshop/class content met my expectations.	19	12	2		
2. In general, the program objectives were met.	19	14			
3. The subject was adequately covered in the time allotted.	17	16			
4. The program provided useful information for me.	19	11	3		
5. The instructor was knowledgeable of subject area and presented material clearly.	25	7	1		
6. The instructor was enthusiastic and sincere.	25	8			
7. Adequate time was allowed for participation.	21	10	2	1	
8. The learning environment (facilities, rooms, av equipment, etc.) was adequate/appropriate.	20	12	1		
9. I would recommend and/or take another course from this instructor. 2 NI	22	8	1		

10. Overall, I would rate this workshop/class as follows: (circle one) 31 Excellent 2 Average Poor

11. Comments: (most or least beneficial aspects, suggestions for change, etc.)
See other side of page

12. Please list workshops/classes that you would like to see offered in the future.

13. Educational Background: Please check one
1 NI ___ LPN 3 ADN 13 Diploma 7 BSN 2 MA 7 Other: BS in psychology
Dental assistant, BS, BA

14. Employment:
1 NI 8 Community 1 Hospital 1 Long Term Care ___ Inactive 22 Other: Dental office, WIC, clinic, private office, Hospice, industry public health, teacher

15. How did you hear about this program ? ___ Newspaper ___ Radio 21 Program Flier 8 IVCE Tabloid
1 NI 1 Health Care Booklet (orange) 2 Other: Advisory Committee, Private office

Additional comments may be put on the back of this sheet or may be directed to:

Health Education Coordinators
Iowa Valley Continuing Education
3700 South Center Street
Marshalltown, Iowa 50158

or

Iowa Board of Nursing
State Capitol Complex
1223 East Court Avenue
Des Moines, Iowa 50319

Comments:

Made me think of things I might never have realized from the patient's point.

Handouts are very well done as were the presentations and videos.

Excellent program with knowledgeable teacher. Good panel

I hope you are recycling/limiting the use of styrofoam & disposables. Lunch was great! Thank you. Actually practicing how to use material given/presented - Examples were excellent. This presentation could benefit the nurses of public school systems when they distribute health info to students and especially parents.

You have done excellent research for this program. Thank you.

Practice doing SMOG testing of reading levels and rewriting materials were very helpful. Panel was very informative. Very worthwhile workshop! Thank you.

It has made me aware of the problem and has motivated me to communicate more effectively with not only low literacy people but literacy skill of all levels.

Very good.

Sometime could have been used more effectively than by having Dr. Mallory display his bigotry, defensiveness and rationalization.

May be give this program to hospitals and clinics.

Panel was very interesting.

Glacoma film too long to get idea across. Rewrite activity excellent!

The panel was great -- I wish there had been more time for that.

Needed a larger room - more personal space. Dr. Mallory's input to course was contraindicated. Interesting and varied resources. Should be repeated on an annual basis target state, county and federal employees.

I enjoyed today. It will help me in my work.

I will always think differently now about written materials -- will be much more critical.

Appendix J

TEACHING HEALTH COMMUNICATION SKILLS

Patients want explanations and instructions they can understand. Professionals want trust and compliance from their patients. The majority of health care professionals believe a partnership with the patient does enhance wellness.

It takes two or more to communicate. With practice and encouragement undereducated adults can develop the skills to become partners in their health care decisions.

Following is a tutor/teacher guide and worksheets for use with students. The worksheets cover the areas of:

1. Good health habits
2. Getting the right answers
3. How and when to phone the doctor
4. When you need help
5. You and your doctor
6. You and your pharmacist

All adults have a responsibility to obtain the care they want and to help themselves to better health.

APPENDIX J1

Teacher/Tutor Instructional Guide

#1 Handout - Good Health Habits

1. You may or may not be aware of your students health habits. Read the handout with your student and discuss in a non-threatening way those areas which may need improvement.

2. Select additional reading materials in an area of interest to the student.

3. Encourage your student to set goals.

4. Share information with your student about community wellness resources, and recreation programs.

5. Order a "Healthy Lifestyles" survey for your student.
   Iowa Health Awareness Program
   "Healthy Lifestyles" Survey
   Division of Disease Prevention, Iowa State Health Department
   Lucas State Office Building
   Des Moines, IA 50319
   515-281-6779

Handout #2 - Getting the Right Answers

1. Read the handout with your student.

2. Your student needs to know that they can take an active role in their health care by:

   a. asking questions
   b. making decisions
   c. talking honestly with the health care provider
   d. following instructions

Handout #3 - How and When to Phone Your Doctor

After reviewing this handout with your student you might ask if they have ever had to make an emergency call. What happened, how did they handle it.

Phone situations to practice:

1. Scheduling an appointment for a family member - routine appointment.

2. Scheduling an unusual exam that involves tests.

3. Create some realistic emergencies and help student practice calling for help: accidents: cuts, broken bones, burns, poison.

Handout #4 - When You Need Help

You may want to practice looking up important phone numbers and then have student write the correct phone numbers for each resource.

Handout #5 - You and Your Doctor

An important point to make with your student is that some tests or surgery require preparation at home. It's imperative that the student ask the doctor, nurse or pharmacist for instructions they can understand. The success on whether or not a test or surgery can be performed depends on following instructions accurately.

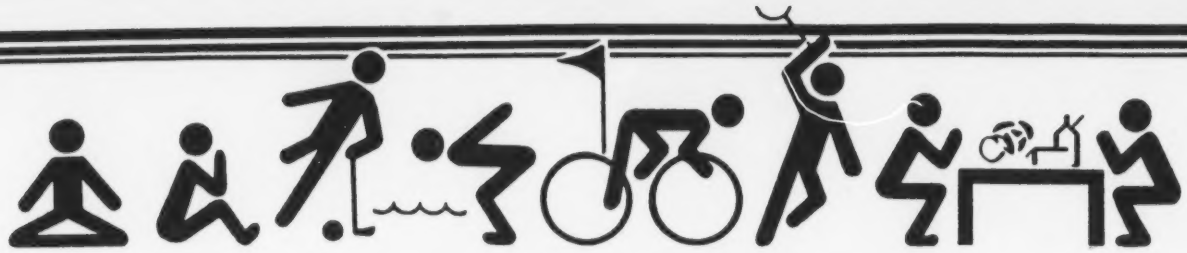
Review the needs for a second opinion. Insurance Providers may require it.

Reassure the patient that surgery is necessary.

It's always a good idea to draw from the experiences of the student. Have they ever seen a specialist- eye doctor, gynecologist. This provides an opportunity to talk about titles - ophthalmologist/eye doctor.

Handout #6 - You and Your Pharmacist

Role play the situation between patient and pharmacist. This will help the student to become familiar and feel comfortable with the questions.



1. GOOD HEALTH HABITS

Good health habits are important at any age. It's never too late to make changes to improve your health.

Helping you get better when you are sick is the job of your doctor. Staying well is mostly up to you.

"Help yourself to better health":

- Exercise.
- Eat healthy food.
- Too much alcohol, including beer and wine, is always bad.
- If you smoke - try to stop.
- Ask your doctor and dentist when and how often they want to see you.
- Talk with your doctor or pharmacist about all the medicines you are using.
- Follow instructions from your doctor or pharmacist.
- Never share prescription drugs.
- Use your seatbelts.
- Use ways to reduce stress.
- Have your blood pressure checked.

Notes for Good Health

2. GETTING THE RIGHT ANSWERS

Sometimes it helps to take along a friend or member of your family when you go to the doctor. They can help you remember questions you want to ask. A written list is helpful too.

Your doctor may not remember your past problems, medicines or allergies. Be sure to remind him.

You Can Receive Good Care and Get the Most From Your Medicines!

- You have the right to ask questions. If you don't know how or why to take your medicines, you could make a mistake. Answering questions is part of the job of doctors, nurses, dentists, pharmacists.

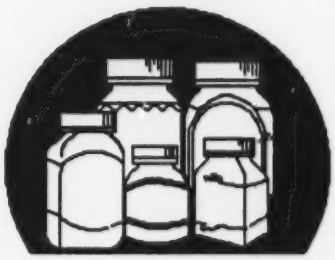
- You have the right and responsibility to take part in decisions about your health care. You should know how a medicine can help or hurt you and what will happen if you don't take it.

- Be honest with your doctor, dentist, nurse or pharmacist. Tell them if a medicine makes you feel worse or if you are having problems understanding their instructions. They may be abe to make changes to help you feel better and give you the care you want.

"TALK ABOUT IT BEFORE YOU TAKE IT"

What is the name of the medicine?

What is it for? How will it help me?



How do I take the medicine?

How long will it take the medicine to work?

How will I feel while taking the medicine?

What foods, drinks and other medicines should I not use while taking the medicine?

Can I drive a car?

Will I need to get the prescription refilled?

Always Call Back If You Have More Questions

3. HOW AND WHEN TO PHONE YOUR DOCTOR

Have paper and pencil with you when you call. You may want to write down instructions. Have the name and phone number of your pharmacist with you in case the doctor needs it.

Try to call during the doctor's office hours.

Call at night only if a problem can't wait until morning.

Call the doctor, if you can, before rushing to the hospital emergency room.

Don't hold a crying child while trying to talk. Turn off a radio or TV so you can hear the doctor.

If you are the patient, make the call yourself, if possible.

Give your name or the full name of the person you are calling about, for example:

- This is Mary Jones.
- I'm calling about my son, Jason Jones, who is 9 months old.
- He has a high fever 104 degrees, won't eat or drink, cries and is pulling on his ears.

Listen Carefully and Ask the Doctor or Nurse to Repeat Instructions

OR

Your Repeat Their Instructions Back

Sometimes the doctor's nurse may be able to help you or will give your message to the doctor. Keep off the phone while waiting for him to call back.

If you have to leave a message with the doctor's answering service, be brief, be honest. Don't make it sound like a matter of life and death if the problem is not an emergency.

4. WHEN YOU NEED HELP

Emergency phone numbers

Ambulance

Doctor

Fire

Police/Sheriff

Poison Control Center

WHAT TO SAY DURING AN EMERGENCY PHONE CALL

Where you are.

What happened.

Was it an accident, a poisoning, a fall or something else.

Who is hurt - how many.

The phone number you are calling from.

What first aid you gave.

Stay on the phone when you make an emergency phone call. Always hang up last.

5. YOU AND YOUR DOCTOR

Here are some questions you may wish to ask your doctor about tests or surgery:

- Why do I need this test or surgery?
- Are the x-rays necessary?
- Is this test or surgery safe for me?
- What would happen without the test or surgery?
- Will my test or surgery be done in your office, the hospital or on an out-patient basis?
- How much will this test or surgery cost?

Ask the doctor to tell you in words you can understand what the results of a test mean:

- What is the problem?
- How long will it last? What will I have to do to feel better?

You have the right to a second opinion before deciding about surgery. Ask your doctor to tell you who can give you a second opinion.

Sometimes your doctor may want you to see a specialist for a problem. He will help you to see the specialist.

6. YOU AND YOUR PHARMACIST

It's always a good idea to talk to your pharmacist about prescription medicines.

You may want to ask your pharmacist these questions:

What is the name of this medicine?

What is it for?

How will it help me?

How long will it take this medicine to work?

How will I feel while taking medicine? What problems should I talk to my doctor about?

Do I take the medicine until it is used up, or just until I feel better?

How do I take this medicine?

What foods, drinks and other medicines should I not use while taking this medicine?

What should I do if I miss a dose?

Can I drive a car?

Where should I keep this medicine?

Can I get the prescription refilled?

Are there ways I can save money on the cost of this medicine?

Will you put the medicine in a container that is easy to open?

Your pharmacist can also help you choose medicines, without a prescription, for a cold, cough, burns, upset stomach, diarrhea or other minor problems.

You May Think of Other Questions to Ask

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Appendix K

Iowa Valley Continuing Education

P.O. BOX 536 • 3700 SOUTH CENTER STREET
MARSHALLTOWN, IOWA 50158 • 515/752-4645

Announces . . .

NEWS RELEASE
For immediate release
091490 -- ISOa089

For more information, contact:
Laura Schinnow, ABE Coordinator
(515) 752-4645

Confused about your medicines? Concerned about side effects? Many people are. To get some answers, the public is invited to attend a free informational program Tuesday, Sept. 18, at the Senior Service Center, 20 1/2 E. State St. Registered pharmacist Tom Weiss of Walgreens will be the speaker.

From 1 to 3 p.m. Weiss will answer questions about side effects, when and how to take medicines, and about the effects of combining different medications. Participants are invited to bring the current medicines they are taking, both prescription and non-prescription.

Statistics indicate that more than 2.5 billion prescriptions are written each year. The Food and Drug Administration receives at least 54,000 reports of adverse drug reactions annually, many times caused when people take their medications improperly or combine them with drugs and/or alcohol.

This medicine check is sponsored by Iowa Valley Continuing Education as part of a project to encourage better communication between patients and health professionals. For more information call Iowa Valley at 752-4645 or 1-800-284-4823.

-30-

APPENDIX K

"KNOWLEDGE the bridge between vision and reality"

BROWN BAG YOUR WORRIES!

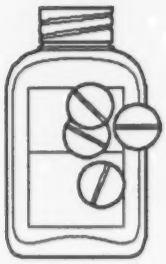
Bring all the medications you take on a regular basis, prescription and over-the-counter, to:

Senior Citizen Center
20 East State
Tuesday, September 18
1-3 p.m.

Local Pharmacist will be available to review your medications and answer your questions.

BEST COPY AVAILABLE

Communicate Before You Medicate



- Over 2.5 billion prescriptions are written each year.
- At least 54,000 reports of adverse drug reactions are reported each year.
- Combining prescription and over-the-counter drugs can lead to serious complications.

Confused about your medicine?
Concerned about side effects?
Ask your doctor or pharmacist!

Literacy and Health Awareness Project
Iowa Valley Continuing Education

LEARNING TO READ IS NOT JUST FOR KIDS!

Call 752-4645 for information on
Iowa Valley Continuing Education's
Adult Literacy Program

Appendix L

Bibliography

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"Talk About Prescriptions Month", National Council on Patient Information and Education, 666 11th Street N.W. #810, Washington, DC 20001.

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You Can Give First Aid, New Readers Press, 1320 Jamesville Avenue, Box 131, Syracuse, NY 13210.

Video presentation "Health Education for Non-Readers" 18 minutes, 1987. Health Promotion Council of Southeastern Pennsylvania, Inc. 311 South Juniper Street, Philadelphia, PA 19107-5803. Contact: Mary Jo Langston, MSL Program Coordinator Professional Support Services (215) 546-1276.

APPENDIX L